



# Requestor User Support Manual Connecticut Prescription Monitoring Program



September 2019 Version 2.1

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# 1 Document Overview

The Connecticut Prescription Monitoring Program (PMP) Requestor User Support Manual provides step-by-step instructions for healthcare professionals requesting data from the Connecticut Prescription Monitoring and Reporting System (CPMRS) database. It includes such topics as:

- Registering for an account
- Creating patient requests
- Viewing request status
- Viewing patient reports
- Appointing a delegate to request and receive information on behalf of a prescriber or dispenser
- Managing your account

# 1.1 What is a Requestor?

A requestor is a registered PMP account holder who uses the CPMRS to review patients' prescription history. A requestor's primary task within the application is to determine if a patient should be given or dispensed a prescription based on their prescription history. Requestors are the strongest line of defense to prevent prescription drug abuse. Physicians and pharmacists are the most common type of requestor; however, there are a number of roles that can be classified as a requestor, including law enforcement. A complete list of available roles that fall into the requestor category is provided below:

#### **Healthcare Professionals**

- Dentist
- IHS Dispenser
- IHS Prescriber
- Medical Resident with Prescriptive Authority
- Midwife with Prescriptive Authority
- Military Prescriber
- Nurse Practitioner/Clinical Nurse Specialist
- Optometrist
- Pharmacist's Delegate Licensed

- Pharmacist
- Physician (MD, DO)
- Physician Assistant
- Podiatrist (DPM)
- Prescriber Delegate Licensed
- Prescriber Delegate Unlicensed
- Prescriber without DEA
- VA Dispenser
- VA Prescriber
- Veterinarian

#### **Law Enforcement**

- DEA
- OIG
- VA Investigator
- Local

- Medicaid Fraud Units
- State Drug Control Agent
- State Police

#### Other

- Medical Examiner/Coroner
- Medical Marijuana Registry
- Board of Physician Assistants Investigator

# 2 Registration

This chapter provides an overview of the CPMRS registration process as well as detailed instructions for registering for an account and registering for a delegate account.

# 2.1 Registration Overview

The CPMRS requires that every individual register as a separate user, using their email address as their username within the system. A user can register as a delegate, a role that is designed to allow the user to generate reports on the behalf of another, current user; for example, a nurse at a small doctor's office could be assigned to act as a delegate to the physician to create NarxCare Reports for the patients whom the physician would be seeing that day. All queries run by the delegate are attributed to the prescriber for whom they run the report.

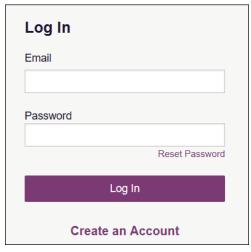
The online registration process is comprised of three pages: Create an Account, Select Your User Role, and Demographics. All three sections must be completed before your registration is successfully submitted for processing.

Some requestor roles may also require you to upload of a copy of a current government-issued photo ID, such as a driver's license or a passport, or notarized validation documents. If required, you must submit this documentation before your account can be approved. Digital copies of these documents can be submitted through the CPMRS after you have completed the registration pages.

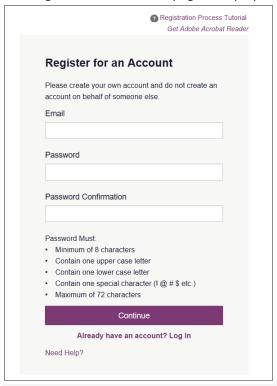
# 2.2 Registering for an Account

To request a new account in the CPMRS:

Navigate to <a href="https://connecticut.pmpaware.net/login">https://connecticut.pmpaware.net/login</a>.
 The Log In page is displayed.



2. Click Create an Account.



The Register for an Account page is displayed.

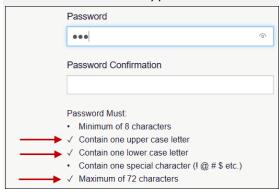
**Note:** A tutorial describing the complete registration process is available by clicking the **Registration Process Tutorial** link located in the top right corner of the page.

- 3. Enter your current, valid email address in the **Email** field. The email address you provide will be your username for logging in to the system.
- 4. Enter a password in the **Password** field, using the password requirements provided below, then re-enter it in the **Password Confirmation** field.

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) special character such as !, @, #, \$, etc.

Note that a checkmark appears next to each requirement as it is met.



5. Click Save and Continue.

The Select Your User Roles page is displayed.



- 6. To select your user role:
  - a. Click the plus sign (+) next to the user role category that best fits your profession (Healthcare Professional, Law Enforcement, Agency Administration, etc.).

The category expands to display the available user roles.

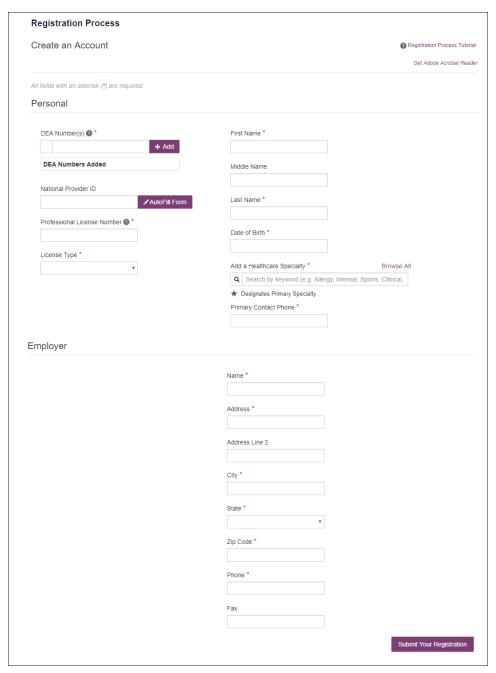


b. Click to select the checkbox next to your user role.

**Note:** If you do not see an applicable role for your profession, the State Administrator has not configured a role of that type and potentially may not allow users in that profession access to the CPMRS. Please contact your State Administrator for more information.

7. Click Save and Continue.

The Demographics page is displayed as shown on the following page.



8. Complete the required fields.

#### Notes:

- The information you are required to enter on this page may vary by state. Required fields for your state are marked with a red asterisk (\*).
- Please enter all active DEA numbers, if applicable.
- 9. Click Submit Your Registration.

**Note:** If you are a delegate, there is an additional step in the registration process. Please refer to the <u>Registering as a Delegate</u> section for more information.

Once you have submitted your registration, you will be notified by email of your account status (<u>Access Granted</u>, <u>Incomplete</u>, <u>Pending Approval</u>) and prompted to verify your email address.

a. Access Granted: Certain user roles will be immediately granted access to the application provided their personal DEA numbers and license information as entered are valid and found within the registry. If you are approved, you will be presented with the End User License Agreement that you must review and accept, if configured by your state. After accepting, or if your state does not utilize the End User License Agreement, you will be routed to your dashboard and can begin using the application.

**Note:** If you are a delegate, you must be approved by any supervisors you have selected before you can perform a Patient Request. The supervisor must log in to their CPMRS account to approve you.

- Incomplete: If you are required to upload validation documents to complete
  your registration, your registration status will be "incomplete," and the
  Validation Documents page is displayed. Please refer to the <u>Validation</u>
  <u>Documents</u> section of this document for more information.
- c. Pending Approval: If your account requires no further action but could not be verified by the process above, or if your user role is not one that is immediately approved, your account will be pended for review and approval by your State Administrator.

#### 2.2.1 Email Verification

- 1. Once you have submitted your registration, the CPMRS sends an email to the supplied email address for verification of an active email address.
- 2. When you receive the email, it will contain a link to verify your email address. Click the **verify your email** link.

#### Notes:

- The link contained within the email is only valid for 20 minutes. In the
  event that time has expired, clicking the link will result in a new email
  verification notification being sent to you. Click the link in the new email
  to verify your email address.
- If you are not able to receive HTML-formatted emails or emails with hyperlinks, please contact the help desk using the contact information located in the Technical Assistance section of this document.

Once you click the link, you are directed to PMP AWARXE and a message is displayed indicating that your email address has been validated.

### 2.2.2 Validation Documents

If you are registering for a user role for which the State Administrator requires validation documentation, you will see the requirement listed on the Welcome screen under **Validation Documents Required**. Please download the form(s), complete, and return the required documentation according to the instructions.

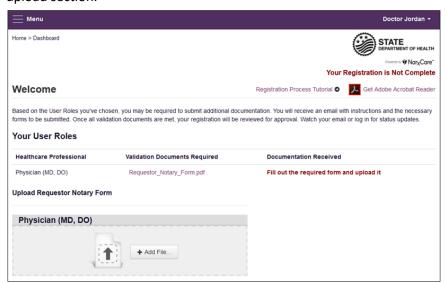
Your account status will be shown as *Not Complete* until you submit the required documents.

You will also receive an email with instructions from the State Administrator and the necessary forms. Once you receive the email containing the validation documents, complete the required form(s) in accordance with the instructions at the top of the form and in the email.

You may submit your form(s) electronically, as described below, or you can email them to the CT PMP (dcp.pmp@ct.gov).

#### To submit your form(s) electronically:

Log in to the CPMRS (<a href="https://connecticut.pmpaware.net/login">https://connecticut.pmpaware.net/login</a>) using the email address and password you created during the registration process.
 The Welcome page is displayed. If your registration is not complete (i.e., you have not submitted your validation documents), the page contains a file upload section.



2. Click **Add File**, then select the required form(s).

Once you have submitted your form(s), you will receive an email notifying you that your account has been updated. No further action is required at this time.

### 2.2.3 Account Approval

Once the State Administrator has determined that you have met all account requirements, your account can be approved. Once your account has been approved, you will receive an email stating that your account has been approved and is now active. Upon receipt of the approval email, you can log in to the CPMRS using the email address and password you supplied during the account creation process.

**Note:** If you no longer have the password, you can reset it by navigating to <a href="https://connecticut.pmpaware.net">https://connecticut.pmpaware.net</a> and clicking **Reset Password**, or by navigating to <a href="https://connecticut.pmpaware.net/identity/forgot password">https://connecticut.pmpaware.net/identity/forgot password</a>.

# 2.3 Registering for a Delegate Account

Registering as a delegate is virtually identical to registering as any of the other healthcare professional roles. To register as a delegate:

- Select one of the delegate roles (e.g., Prescriber Delegate Unlicensed, Prescriber Delegate Licensed) on the Select Your User Role page.
- 2. Enter any required information on the Demographics page, noting that you must enter your supervisor's email address that is associated with their CPMRS account in the I am a delegate for the following people... field. You may enter multiple supervisors by clicking Add.



#### Notes:

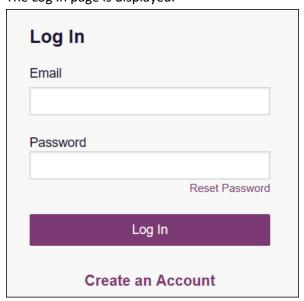
- The supervisor must already have a registered account with the Connecticut PMP.
- Ensure that you enter the supervisor's email address correctly and that it is a valid email address.
- You will not be able to perform Patient Requests on behalf of a supervisor until that supervisor has approved you as a delegate. The supervisor must log in to their CPMRS account to approve a delegate.

# 3 Basic System Functions

This chapter describes how to log in to the CPMRS, the Requestor Dashboard that is displayed upon logging in, and how to log out.

### 3.1 Log In to PMP AWARXE

Navigate to <a href="https://connecticut.pmpaware.net">https://connecticut.pmpaware.net</a>.
 The Log In page is displayed.



- 2. Enter the email address you provided when you registered in the **Email** field.
- 3. Enter your password in the **Password** field.

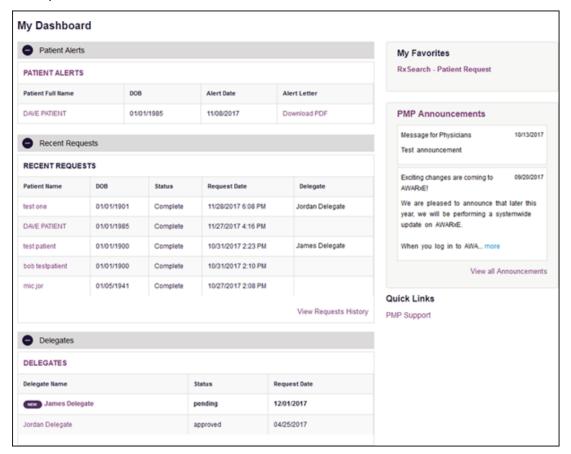
**Note:** If you have forgotten your password, click **Reset Password**. You will be prompted to enter the email address registered to your account. Once you have entered a valid, registered email address, you will receive an email with a link to reset your password.

4. Click Log In.

The My Dashboard page is displayed. Please refer to the My Dashboard section for a complete description of the dashboard.

# 3.2 My Dashboard

Upon logging in to the CPMRS with an approved account, the requestor dashboard (My Dashboard) is displayed. This dashboard provides a quick summary of pertinent items within the CPMRS, including State Administrator announcements, your recent patient searches, patient alerts, and, if applicable, your delegate's or supervisor's status. My Dashboard can be accessed at any time by clicking **Menu** > **Dashboard** (located under **Home**).



#### 3.2.1 Patient Alerts

This section displays the most recent patient alerts.

**Note:** This section is user role dependent, meaning that certain roles will be unable to view this section.

- New alerts (i.e., those that have not been viewed) are displayed in **bold** with the word "NEW" next to them.
- You can download the letter associated with the alert by clicking **Download** PDF.
- You can view the Patient Request associated with a patient by clicking the patient's name.

You can click Patient Alerts, located at the top of the section, to access a full
listing of patient alerts. You can also access patient alerts at any time by
clicking Menu > Patient Alerts (located under Rx Search).

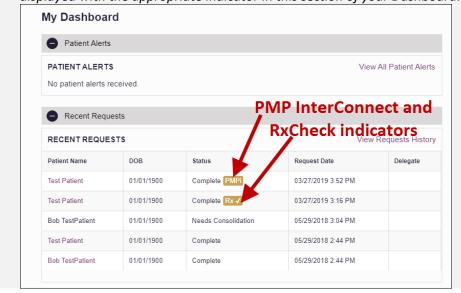
### 3.2.2 Recent Requests

This section displays your most recent patient searches, including those performed by one of your delegates.

- You can view the NarxCare Report by clicking the patient's name.
- You can view a list of all past requests by clicking View Requests History.
   You can also access your request history at any time by clicking Menu > Requests History (located under Rx Search).

#### Notes:

- The report that is displayed when you click the patient's name is a historical report, meaning that it contains the data that was viewed when the report was initially run. For instructions on performing new patient Rx history searches, please refer to the <u>Creating a Patient Request</u> section.
- Any recent requests created using PMP InterConnect or RxSearch are displayed with the appropriate indicator in this section of your Dashboard.



### 3.2.3 Delegates/Supervisors

This section displays your delegates or supervisors, depending on your user role.

- If you are a supervisor, you can quickly change a delegate's status from the
  dashboard by clicking the delegate's name. Once you click the delegate's
  name, the Delegate Management page is displayed, and you can approve,
  reject, or remove a delegate from your profile.
- You can click **Delegates**, located at the top of the section, to access the
  Delegate Management page. The Delegate Management page can also be
  accessed at any time by clicking **Menu > Delegate Management** (located

under **My Profile**). For additional information regarding delegate management, please refer to the <u>Delegate Management</u> section.

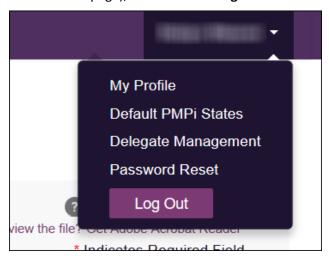
### 3.2.4 Announcements and Quick Links

This section displays announcements from your State Administrator as well as links to webpages outside of AWARXE that may be of use to you.

- The quick view only displays the first few lines of text; however, you can click PMP Announcements, located at the top of the section, to display the full announcement text. You can access the Announcements page at any time by clicking Menu > Announcements (located under Home).
- The announcements displayed in this section are configured by your State Administrator. Announcements can be configured as role-specific, meaning that a user whose role is "physician" may have an announcement, whereas a user whose role is "delegate" may not.
- Quick links are also configured by your State Administrator. Any links configured will be visible toward the bottom right of the dashboard in the Quick Links section.

# 3.3 Log Out of PMP AWARXE

To log out of the system, click the arrow next to your username (located in the top right corner of the page), and then click **Log Out**.

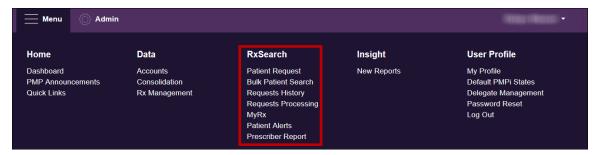


# 4 RxSearch

The RxSearch section of the PMP AWARxE menu contains the query functions available to you. These functions may include:

- Creating a patient request
- Viewing a patient request
- Performing a bulk patient search
- Viewing historical requests
- Viewing a report of prescriptions attributed to you
- Viewing patient alerts

**Note:** You may not have access to all of the reports listed above. The functions available under **RxSearch** may vary depending on your user role and the settings enabled by your State Administrator. If you do not have access to a report and you think you should, please contact your State Administrator.

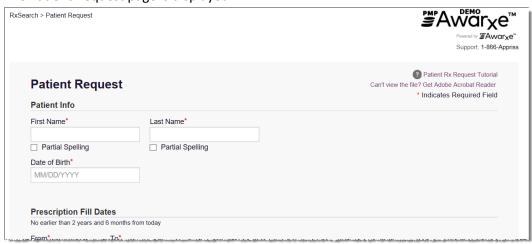


### 4.1 Creating a Patient Request

The Patient Request allows you to create a report that displays the prescription drug activity for a specific patient for the specified timeline.

- 1. Log in to PMP AWARXE.
- 2. Click Menu > Patient Request.

The Patient Request page is displayed.

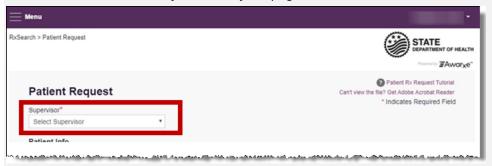


**Note:** A tutorial describing the complete patient request creation process is available by clicking the **Patient Rx Request Tutorial** link located in the top right corner of the page.

3. Enter the required information, noting that required fields are marked with a red asterisk (\*). At a minimum, you must complete the following fields:

| Field Name              | Notes   |  |  |  |  |
|-------------------------|---|--|--|--|--|
| Patient Info            |   |  |  |  |  |
| First Name              | Enter the patient's complete first and last name;   |  |  |  |  |
| Last Name               | Or  |  |  |  |  |
|                         | Click the <b>Partial Spelling</b> checkbox to search by a partial first and/or last name. This option can be helpful when searching hyphenated names or names that are often abbreviated, such as "Will" vs. "William." |  |  |  |  |
|                         | <b>Note:</b> The Partial Spelling function requires at least three letters. If the patient's name contains only one or two letters, please do not attempt a partial search.   |  |  |  |  |
| Date of Birth           | Use the MM/DD/YYYY format, or select a date from the calendar that is displayed when you click in this field.   |  |  |  |  |
| Prescription Fill Dates |   |  |  |  |  |
| From                    | Use the MM/DD/YYYY format, or select a date from the calendar that is displayed when you click in these fields.   |  |  |  |  |
| То                      |   |  |  |  |  |

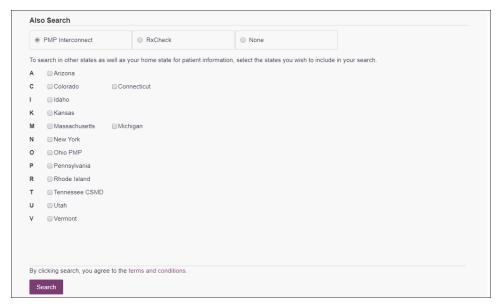
**Note:** If you are a delegate, you must select a supervisor from the **Supervisor** field, located above the Patient Info section of the page.



If no supervisors are available, please contact your supervisor(s) to approve your account or add the supervisor under My Profile. Current supervisors and their statuses are displayed on your dashboard. Refer to the <u>Delegates/Supervisors</u> section of My Dashboard or the <u>My Profile</u> section for further instructions.

- 4. If you require information from other states:
  - a. If you utilize both PMP InterConnect and RxCheck, the **PMP InterConnect** tab is displayed by default.

**Note:** PMP InterConnect and RxCheck cannot be used simultaneously (i.e., you cannot select PMP InterConnect states and RxCheck states in the same search).



a. To search using PMP InterConnect, click the checkbox next to the desired state(s).

**Note:** More information on PMP InterConnect is provided in the <u>Setting Default</u> <u>PMP InterConnect States</u> section of this document.

Or

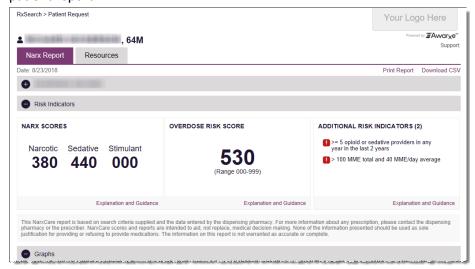
b. To search using RxCheck, click the radio button next to **RxCheck** to display the available RxCheck states, then select the desired state.



#### Notes:

- Partial search is not available when searching other states. If you have selected
  partial search, the Also Search section will be removed from the bottom of the
  page.
- If a state is not included on the list, data sharing with that state is not currently in place, or your user role does not allow for data sharing.
- When your results are displayed, the report does not separate prescription information on a state-by-state basis. It incorporates all information from all sources into a single report.
- 5. Once you have entered all the required search criteria, click **Search**.

a. If your search results return a single patient, the NarxCare Report is displayed. Refer to the <u>Viewing a NarxCare Report</u> section for more details regarding the patient report.

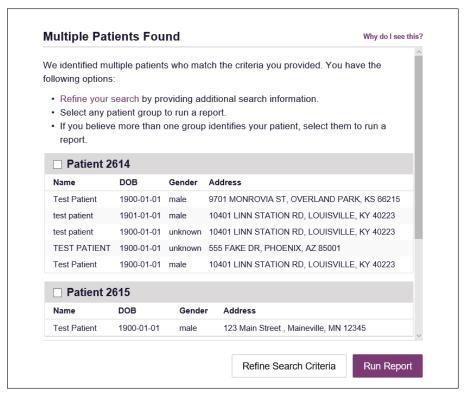


**Note:** If you need a PDF or CSV version of the report, you can click **Download PDF** or **Download CSV**, located in the top right corner of the report.

- b. If the search could not determine a single patient match, a message is displayed indicating that multiple patients were found.
  - If you searched for an exact patient name and multiple patients were found, refer to the Multiple Patients Identified section.
  - If you searched for a partial patient name and multiple patients were found, refer to the Partial Search Results section.
- c. If your search does not return any results, a message is displayed indicating that either no patient matching your search criteria could be identified or the patient was identified but no prescriptions were found. Refer to the <u>No Results Found</u> section for more information.

### 4.1.1 Multiple Patients Identified

1. If you searched for an exact patient name and multiple patients were found, a message is displayed indicating that multiple patients matching your search criteria have been identified.

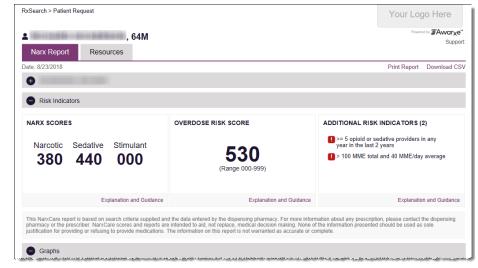


- 2. From this window, you can:
  - a. Click Refine Search Criteria to return to the Patient Request page, refine your search criteria, and re-run the report;

Or

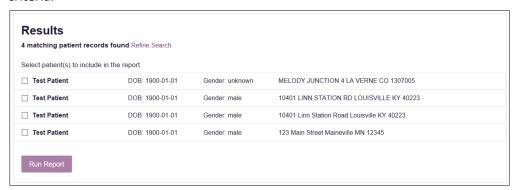
 Select one or more of the patient groups displayed, and then click Run Report.

The NarxCare Report for the patient group(s) you selected is displayed.



#### 4.1.2 Partial Search Results

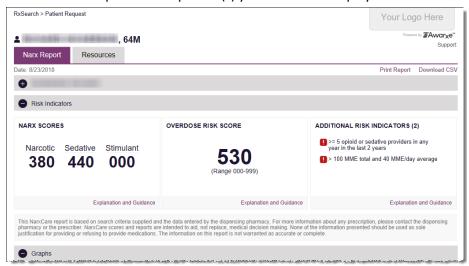
1. If you searched for a partial patient name and multiple patients were found, a message is displayed indicating that multiple patients match your search criteria.



- 2. From this window, you can:
  - a. Click Refine Search to return to the Patient Request page, refine your search criteria, and re-run the report;

Or

Select one or more of the patients displayed, and then click Run Report.
 The NarxCare Report for the patient(s) you selected is displayed.



#### 4.1.3 No Results Found

1. If your search criteria could not be matched to any patient records, a message is displayed indicating that no matching patient could be identified.



Or

2. If your search criteria matches a patient record but the patient has no prescriptions within the specified timeframe, a message is displayed indicating that the patient was found but no prescriptions were found.



3. Click **Change Date Range** to return to the Patient Request page, enter a different date range, and re-run the report.

#### Notes:

- Be sure to verify that all information entered on the request was entered correctly (e.g., verify that the first and last names were entered in the correct fields, verify the patient's birthdate, etc.).
- If Partial Search was not originally selected, you can click the Partial Search checkbox to expand your search results.
- You can enter additional demographic information, such as a ZIP code, to perform a fuzzy search.

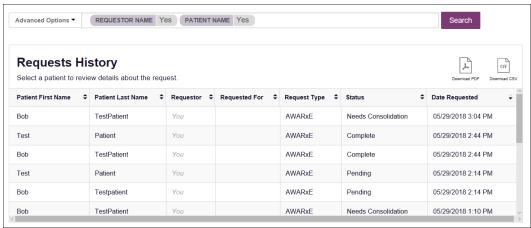
# 4.2 Viewing a NarxCare Report

Once your search results are returned, the NarxCare Report is automatically displayed. For complete information on the NarxCare Reports, and for more information on the NarxCare system, please refer to <a href="Appendix A: NarxCare">Appendix A: NarxCare</a>.

You may also access your previously requested NarxCare Reports at any time by clicking **Menu** > **Requests History**. Refer to the <u>Requests History</u> section for more information.

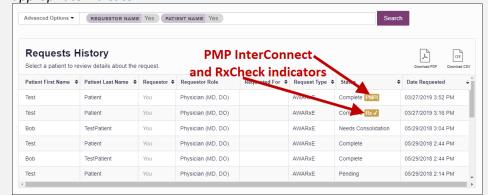
### 4.3 Requests History

To view a previously created Patient Report, click Menu > Requests History.
 The Requests History page is displayed.



#### Notes:

- You can only view Patient Reports you or your delegate(s) have created.
- Reports are available in your Reports History for 30 days. After 30 days, they are automatically removed from your history.
- All requests created using PMP InterConnect or RxSearch are displayed with the appropriate indicator.



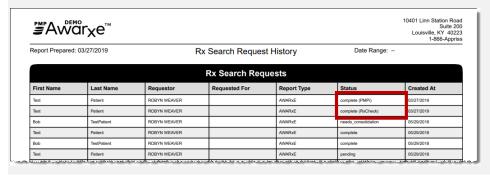
- 2. From this page, you can:
  - a. Click **Advanced Options** to filter the list of requests.



b. Click **Download PDF** or **Download CSV** to export your search history, if this functionality has been configured by your State Administrator.

**Note:** If you export your Requests History to PDF or CSV, the interstate search type indicators are also displayed on those reports.

#### PDF:





c. Click a patient name to view the details of that request in a detail card at the bottom of the page.



 Click View to display the results of the previously submitted request. Refer to <u>Viewing a NarxCare Report</u> for details regarding NarxCare Reports.

**Note:** The results of previous requests are not updated with new information. The results displayed are the results at the time the original search was performed.

Click Refresh to generate a new NarxCare Report for the selected patient.
The Patient Request page will be displayed with the patient's information
automatically populated. Refer to <u>Creating a Patient Request</u> for complete
instructions on generating new requests.

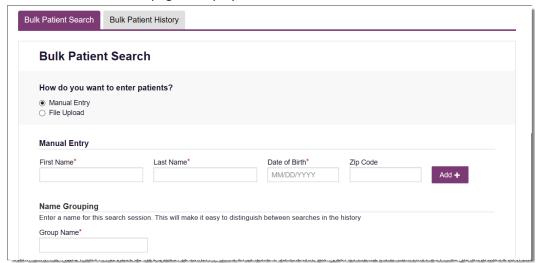
### 4.4 Bulk Patient Search

The Bulk Patient Search functionality is similar to the Patient Request functionality; however, it allows you to enter multiple patients at once rather than one at a time. You can enter patient names manually or via CSV file upload.

To perform a Bulk Patient Search:

1. Click Menu > Bulk Patient Search.

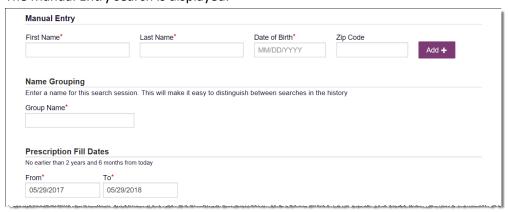
The Bulk Patient Search page is displayed.



- a. If you wish to enter patients manually, continue to step 2;
   Or
- b. If you wish to enter patients via CSV file upload, continue to step 6.
- 2. Ensure that **Manual Entry** is selected in the **How do you want to enter patients?** field at the top of the page.



#### The Manual Entry search is displayed.



- 3. Complete the following required fields:
  - First Name enter the patient's complete first name
  - Last Name enter the patient's complete last name
  - **DOB** enter the patient's date of birth using the *MM/DD/YYYY* format, or select a date from the calendar that is displayed when you click in this field

**Note:** You may also enter the patient's ZIP code; however, it is not recommended.

- 4. Once you have entered the patient's information, click **Add** to add an additional patient.
- 5. Repeat steps 2-3 until all patients have been entered.

**Note:** Once you have finished entering patients, continue to step 14.

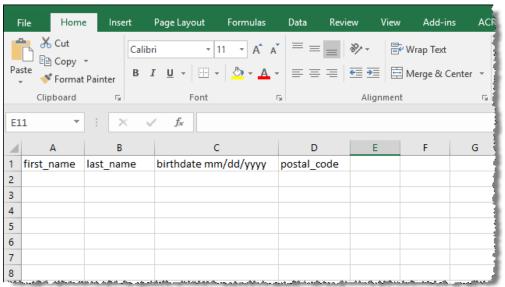
6. Click the **File Upload** radio button in the **How do you want to enter patients?** field at the top of the page.



#### The File Upload search is displayed.



- 7. Click **View Sample File** to download the sample CSV file.
- 8. Open the sample CSV file, and complete the required fields.



#### Notes:

- The patient's complete first name, last name, and date of birth (using the MM/DD/YYYY format) are required.
- You may enter the patient's ZIP code; however, it is not recommended.
- 9. Once you have entered all patient information, save the file to your computer.

**Note:** When naming your file, do not include spaces.

- 10. Click **Choose File**, then select the file you created in step 9.
- 11. Click **Validate Format** to download a validation report and ensure all records were entered correctly.

12. Once you open the validation report, any errors in your data will be listed in the **Errors** column. Please correct the errors and resubmit the corrected file. Note that if the **Errors** column is blank, the data is acceptable.

#### Examples: *File with errors:* first name last name birthdate postal code errors john 1/1/1950 Last name can't be blank first\_name last\_name birthdate postal\_code smith 1/1/1960 First name can't be blank first\_name last\_name birthdate postal\_code errors smith sally Birthdate can't be blank first\_name last\_name birthdate postal\_code errors ronald smith 1/1/1970 *File with no errors:* first\_name last\_name birthdate postal\_code smith john 1/1/1950 first\_name last\_name birthdate postal\_code errors adam smith 1/1/1960 first name last name birthdate postal code errors sally smith 1/1/1970

- 13. Repeat steps 10-12 until all errors have been corrected. Once all errors have been corrected and your file is validated, or if your file has no errors, continue to step 14.
- 14. Enter a name for your search session in the **Group Name** field.

**Note:** Providing a group name will help you more easily distinguish between searches in the Bulk Patient History tab.

- 15. Enter the timeframe for which you wish to search in the **From** and **To** fields using the **MM/DD/YYYY** format.
- 16. If you wish to include other states in your search, click the checkbox next to the desired state(s) in the PMP Interconnect Search section of the page.
- 17. Click Search.

A message is displayed indicating that your search is being processed.



### 4.4.1 Viewing Bulk Patient Search Results

 To obtain the results of a Bulk Patient Search, or to view previous searches, click the Bulk Search History tab (Menu > Bulk Patient Search > Bulk Patient History).

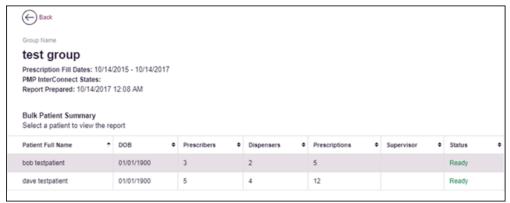


#### The Bulk Search History page is displayed.



#### Notes:

- The **Number of Patients** column provides the total number of patients included in your search.
- The **Processing** column provides the total number of searches remaining to be processed. If the number is "0," your search is complete.
- The **Incomplete** column provides the number of patient records that could not be found.
- The Ready column provides the number of patient search results available.
- 2. Click the **Bulk Search Name** to view the results of that search.



3. Click a patient name to display that patient's search details.

The search details are displayed below the table.

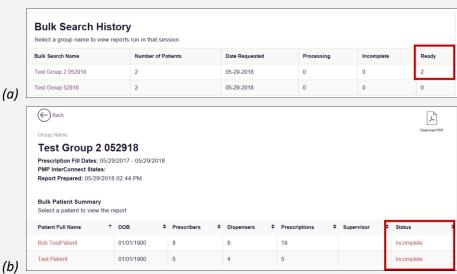


- 4. From this page, you can:
  - Click View to display the NarxCare Report.

**Note:** For more information on viewing report results, please refer to <u>Viewing a Patient Report</u>.

 Click Refresh if you are reviewing a previous report and wish to run a current report.

**Note:** If the Bulk Search History page indicates that all patient records are ready (screenshot a), but you click the search results and a patient's status is displayed as "incomplete" (screenshot b), it is likely that the search returned multiple results for that patient.



To resolve this and view the NarxCare Report:

1. Click the patient's name.

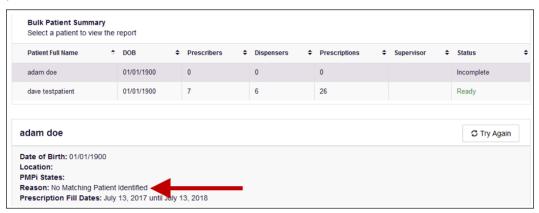
The patient search details are displayed.



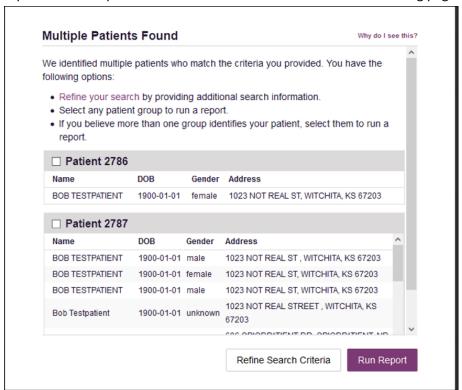
- 2. Click Try Again.
  - The Patient Request page is displayed.
- 3. Refer to Multiple Patients Identified to run the report.

### 4.4.2 Incomplete Bulk Patient Search Results

The **Status** column for an individual patient may indicate **Incomplete** for two reasons: **No Matching Patient Identified** or **Multiple Patient**. Upon clicking the patient's name, the reason is listed in the **Reason** field of the search details.



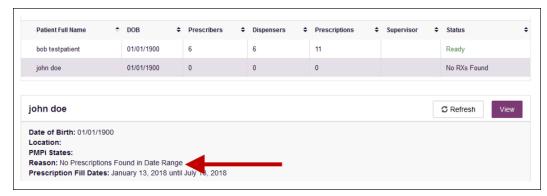
- 1. **No Matching Patient Identified.** The system was not able to locate a patient matching your search criteria. Click **Try Again** to open the Patient Request page where you can perform a partial search or modify your search criteria.
- 2. Multiple Patients. The system identified multiple patients matching your search criteria. Click Try Again to open the Patient Request page, then click Search at the bottom of the page. The Multiple Patients Found window will display prompting you to select the patients for whom you wish to run a report. The Multiple Patients Found window is shown on the following page.



Select the correct patient(s), and then click **Run Report** to view the NarxCare Report. For more information on viewing report results, please refer to <u>Viewing a NarxCare Report</u>.

### 4.4.3 No Prescriptions Found in Bulk Patient Search

If the **Status** column indicates **No RXs Found** for a patient, the patient exists in the database, but no prescriptions were reported for the patient in your report timeframe. Upon clicking the patient's name, **No Prescriptions Found in Date Range** will be indicated in the **Reason** field.



You may click **View** if you need to export the blank report, or you may click **Refresh** to display the Patient Request page where you can change the date range and run a new report.

# 4.5 My Rx

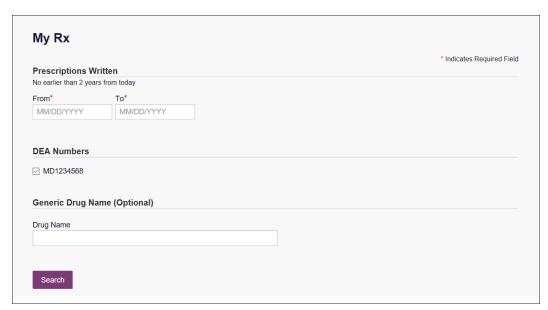
If you have a DEA number associated with your AWARXE account, My Rx allows you to run a report that displays the filled prescriptions for which you were listed as the prescriber.

**Note:** This functionality is only available if you have a DEA number associated with your user profile.

To run the My Rx report:

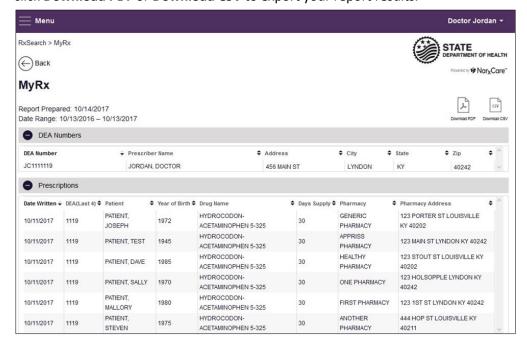
1. Click Menu > My Rx.

The My Rx search page is displayed as shown on the following page.



- 2. Enter the date range for your search in the **From** and **To** fields using the *MM/DD/YYYY* format.
- 3. Click the checkbox next to the DEA number(s) for which you wish to run a report.
- 4. If you wish to search for a specific drug, enter the generic drug name in the **Drug Name** field.
- 5. Click Search.

Your report results are displayed. If configured by your PMP Administrator, you may click **Download PDF** or **Download CSV** to export your report results.



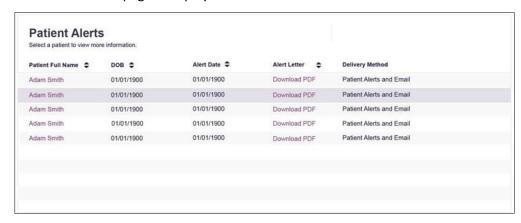
### 4.6 Patient Alerts

This function displays your available patient alerts.

**Note:** This section is user role dependent, meaning that certain roles will be unable to view this section.

To access these alerts, click Menu > Patient Alerts.

The Patient Alerts page is displayed.



- New alerts (i.e., those that have not been viewed) are displayed in **bold** with the word "NEW" next to them.
- You can download the letter associated with the alert by clicking **Download PDF**.
- You can view the NarxCare Report associated with a patient by clicking the patient's name.

# 5 Rx Management

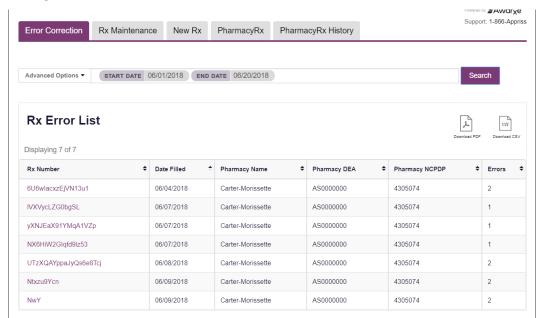
The Rx Management page, located under **Menu** > **Data**, allows dispensers to manage prescriptions within the CPMRS. If you are a dispenser, you can correct dispensation errors, modify inaccuracies on existing prescriptions (e.g., incorrect prescriber information), add new prescriptions, and review prescription history for the pharmacy.

#### Notes:

- Depending on the settings enabled by your State Administrator for the portal in general and for specific roles types, different options may be available. The screenshots and descriptions in the following sections are all inclusive. If an option is not available, then it has not been enabled by your State Administrator.
- In order to utilize this functionality, you must have an Employer Identifier on your account and agree that you are responsible for correcting/maintaining prescription information of the employer Identifier for submission to PMP AWARXE. This must be done during registration. If you have already registered and do not have any Pharmacy Identifiers available for selection, please contact your State Administrator to have the necessary Identifiers added and to agree to the terms of use.

### 5.1 Error Correction

The Error Correction page displays a list of erroneous records submitted by you or by your employer, if applicable. To access the Error Correction page, click **Data** > **Rx Management** > **Error Correction**.



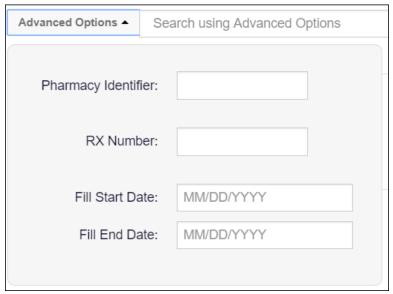
From this page, you can search for specific records and/or correct the errors.

**Note:** Error correction within AWARxE is only available for prescriptions submitted via SFTP, file upload, or real-time submission to PMP Clearinghouse. Any prescriptions

submitted via Universal Claim Form cannot be submitted to PMP AWARXE with a validation error, as the error must be corrected prior to submission.

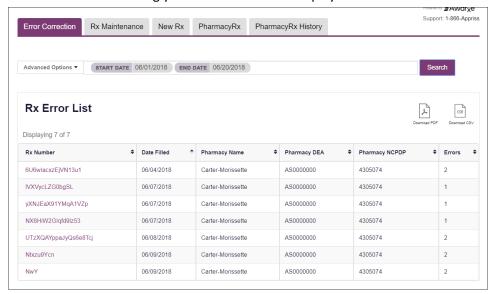
### 5.1.1 Search for a Record

1. From the Error Correction tab, click **Advanced Options**.



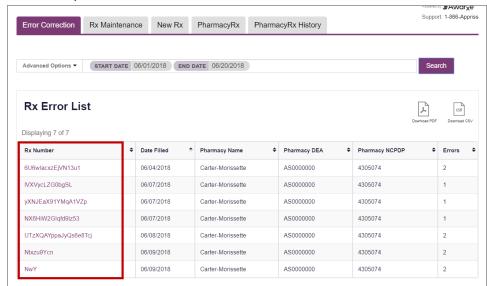
- 2. Enter your search criteria in the appropriate field(s). You may search by any or all of the following:
  - Pharmacy Identifier
  - RX Number
  - Fill Start Date
  - Fill End Date
- 3. Click Search.

A list of records matching your search criteria is displayed.

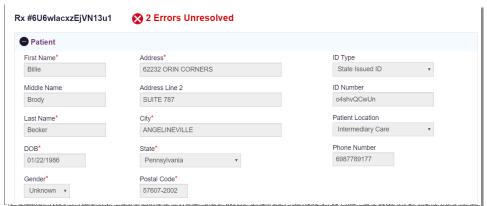


### 5.1.2 Correct an Error

1. From the Error Correction page, click the link in the **Rx Number** column for the record you wish to correct.



The record is displayed. *Note that the number of errors in the record is displayed at the top of the page.* 



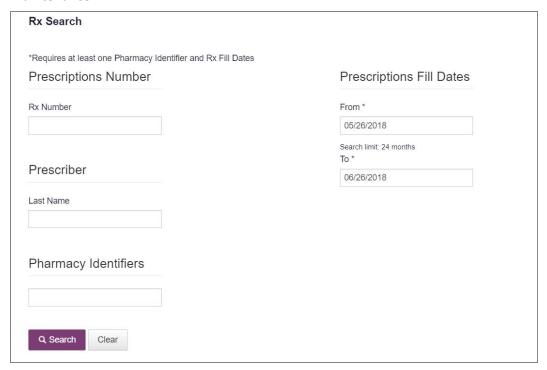
2. Scroll through the record to locate the error(s). Fields containing errors are red, and the specific error message is displayed below the field.



- 3. Correct the error(s), and then click Submit.
  - a. If all errors have been resolved, the record is submitted.
     Or
  - b. If there are still errors on the page, the number of errors is displayed at the top of the page. Repeat steps 2-3 until all errors have been corrected.

### 5.2 Rx Maintenance

Rx Maintenance allows you to search for a specific prescription record and correct or void that record. To access the Rx Maintenance page, click **Data** > **Rx Management** > **Rx Maintenance**.

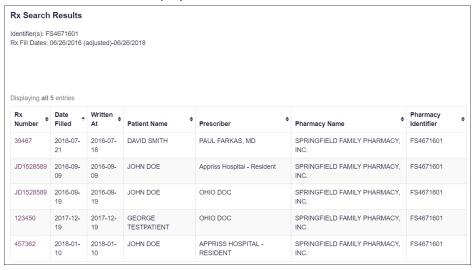


# 5.2.1 Correcting Prescriptions

To search for and correct a prescription record:

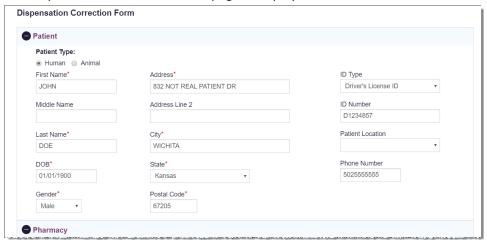
- 1. Complete the fields on the Rx Search page. Note that the **Pharmacy Identifiers** and **Prescription Fill Dates** fields are required.
- 2. Click Search.

Your search results are displayed.



3. Click the link in the **Rx Number** column for the record you wish to view and/or correct.

The Dispensation Correction Form page is displayed.



4. Make the necessary corrections, then click **Submit**.

If all fields pass validation, a message is displayed indicating that the record was successfully submitted.

**Note:** If any fields do not pass validation, an error message is displayed indicating that errors exist. Click **OK** on the error message, then scroll through the form to locate the errors. Fields containing errors are red, and the specific error message is displayed below the field.



Once all errors have been corrected, click Submit.

# 5.2.2 Voiding Prescriptions

If you need to void a prescription:

- 1. Perform steps 1-3 in the <u>Correcting Prescriptions</u> section to locate the prescription.
- 2. Scroll down to the bottom of the Dispensation Correction page and click **Void**.

The Void Dispensation window is displayed asking you to confirm that you wish to void the record.



3. Select the reason you wish to void the record from the **Please enter a void** reason drop-down, then click **Void**.

**Note:** Voiding a record is a permanent change. In the event a record is voided that should not have been, you will need to resubmit the record.

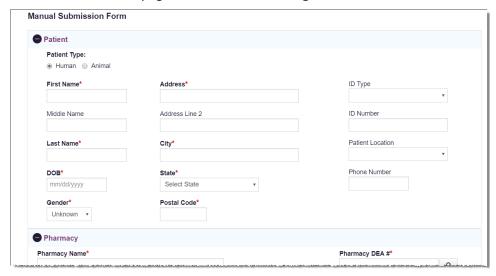
## 5.3 New Rx

You can manually enter your prescription information into the Connecticut PMP database using the Manual Submission Form within the PMP AWARXE web portal. This form allows you to enter patient, prescriber, dispenser, and prescription information.

Please refer to the *Data Submission Guide for Dispensers* for the complete list of reporting requirements.

**Note:** This form cannot be saved and must be completed near the time of creation to avoid loss of information.

To access the New Rx page, click **Data** > **Rx Management** > **New Rx**.



To enter a new dispensation:

1. Complete the required fields.

### Notes:

- A red asterisk (\*) indicates a required field.
- If you are entering a compound, click the Compound checkbox in the Drug Information section of the page, complete the required fields for the first drug ingredient, then click Add New to add additional drug ingredients.
- 2. Once you have completed all required fields, click **Submit**.

If all fields pass validation, a message is displayed indicating that the record was successfully submitted.

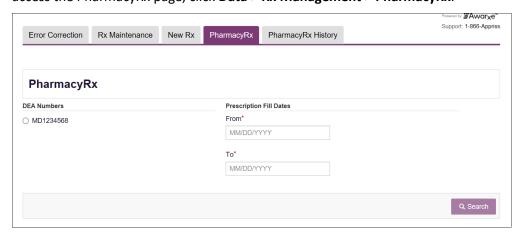
**Note:** If any fields do not pass validation, the number of errors is displayed at the top of the page. Scroll through the form to locate the errors. Fields containing errors are red, and the specific error message is displayed below the field.



Once all errors have been corrected, click Submit.

# 5.4 PharmacyRx

If you have a DEA number associated with your CPMRS account, PharmacyRx allows you to run a report that displays all dispensations associated with that DEA number. To access the PharmacyRx page, click **Data** > **Rx Management** > **PharmacyRx**.

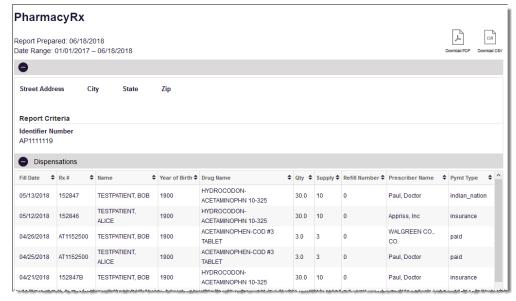


To perform a PharmacyRx search:

- 1. Click the radio button next to the DEA number for which you wish to generate the report.
- Select the date range for the report in the From and To fields, using the MM/DD/YYYY format, or select a date from the calendar that is displayed when you click in these fields.

### 3. Click Search.

Your report results are displayed. If configured by your PMP Administrator, you may click **Download PDF** or **Download CSV** to export your report results.



# 6 User Profile

The User Profile section of the PMP AWARXE menu allows you to manage your CPMRS user profile, including:

- Viewing and updating your profile information
- Set your default PMP InterConnect states
- Managing your delegate account(s)
- Updating or resetting your password

# 6.1 My Profile

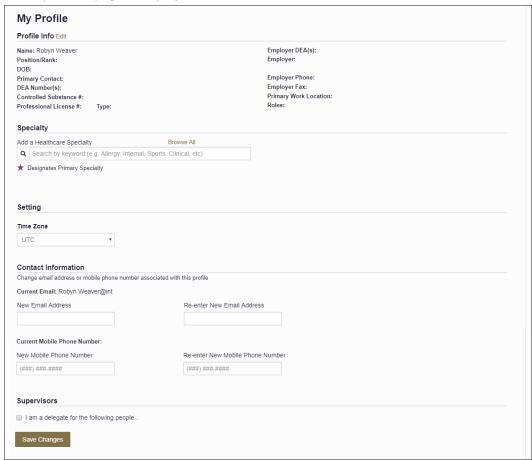
My Profile allows you to view your account demographics, including user role, license numbers, etc. as well as update your email address, healthcare specialty, time zone, most employer information, and supervisor(s) (if you are a delegate).

**Note:** If you need to update your personal information or employer DEA information, please contact your State Administrator.

To update your account:

1. Click Menu > My Profile.

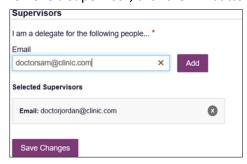
The My Profile page is displayed.



- 2. Update your information as necessary. The following notes may be helpful in updating your information:
  - Healthcare Specialty: You can add or update your healthcare specialty in the
    Specialty section of the page. Search for your specialty by typing a few
    characters into the Healthcare Specialty field, or click Browse All to view all
    available specialties and select yours from the list. If you have multiple
    specialties, you can designate your primary specialty by clicking the star icon to
    the left of the specialty. To remove a specialty, click the "x" button to the right
    of the specialty.



- **Updating Time Zone:** To update your time zone, select the correct time zone from the **Time Zone** drop-down.
- Adding Supervisors: If you are a delegate, you may add supervisors to or remove supervisors from your account in the Supervisors section of the page. To add a supervisor, enter the supervisor's email address, and then click Add. To remove a supervisor, click the "x" button next to the supervisor.



- Email Address: To update the email address associated with your account, enter the new email address in the New Email Address field, then re-enter it in the Re-enter Email Address field. Once your changes have been saved, you will receive an email asking you to verify the new email address. Please ensure that you click the link in the verification email to verify your new email address. Note that the verification link is only valid for 20 minutes. If you click the verification link after it has expired, you will be sent a new link.
- 3. Once you have made all necessary changes, click **Save Changes**.

# 6.2 Setting Default PMP InterConnect States

The CPMRS is configured to integrate with PMP InterConnect to expand your search capabilities when researching a patient's prescription history. This feature allows you to configure states to be selected by default when performing a Patient Request. To set your default PMP InterConnect states:

1. Click Menu > Default PMPi States.

The Default InterConnect PMPs page is displayed.



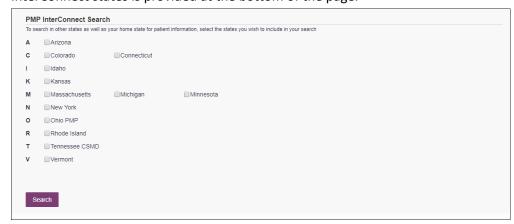
- 2. Click the checkbox next to the state(s) you would like to be selected by default when performing a Patient Request.
- 3. Click Update Defaults.

Your selections are saved and will be selected by default when you create a Patient Request.

**Note:** You can de-select default states as necessary—selecting default states does not require you to search for those states every time.

## 6.2.1 Using PMP InterConnect with a Patient Rx Search

1. When creating a new Patient Request, the list of available PMP InterConnect states is provided at the bottom of the page.



**Note:** Available states are dependent upon your state's configurations and your user role.

2. Click to select the state(s) from which you wish to obtain results. You may also click **Select All** to select all available states.

3. Once you click Search, the CPMRS submits the request to the selected states' PMP InterConnect systems. Results from those states are then blended into the final NarxCare Report.

### Notes:

- The report does not separate prescription information on a state-bystate basis. It incorporates all information from all sources into a single report.
- Only an exact name match will return results from interstate searches.
   There will not be a multiple patient pick list displayed for patients who do not have an exact name match.

# 6.3 Delegate Management

If you are a supervisor, the Delegate Management function allows you to add new delegates, approve or reject new delegates, or remove existing delegates from your account.

## 6.3.1 Approving and Rejecting Delegates

If a user registers as a delegate and selects you as their supervisor, you will receive email notification that a delegate account is pending your approval.

**Note:** If the request is not acted upon, the system will send follow-up emails advising you that action is still required.

Once you have received the email notification:

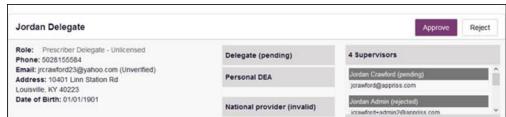
- 1. Log in to PMP AWARXE.
- 2. Click Menu > Delegate Management.

The Delegate Management page is displayed.



**Note:** New delegates are identified with a status of "Pending."

3. Click the delegate's name to display their information in the detail card at the bottom of the page.



4. Click **Approve** to approve the delegate;

Or

5. Click **Reject** to reject the delegate. If rejected, the delegate will be removed.

## 6.3.2 Removing Delegates

If you need to remove a delegate from your account:

1. Click Menu > Delegate Management.

The Delegate Management page is displayed.



- 2. Click the delegate's name to display their information in the detail card at the bottom of the page.
- 3. Click Remove.

Upon removal, the delegate's status will be returned to "Pending." The delegate is not removed from your delegate list.

### Notes:

- If you need to add the user again at a later date, select the former delegate, then click **Approve** to add them to your account.
- If you need to completely dissociate a delegate from your account, select the former delegate, then click **Reject**. Rejecting a delegate will remove them from your account.
- It is your responsibility to regularly maintain your delegate list and remove access if it is no longer necessary.

# 6.4 Password Management

Your AWARxE password expires every 180 days. There are two ways you can manage your password:

- 1. You can proactively change your password within the application before it expires by <u>updating your current password</u>.
- 2. If your password has already expired, or if you have forgotten your password, you can reset your password.

## 6.4.1 Updating a Current Password

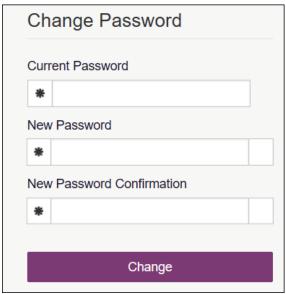
If your password has not expired, but you would like to proactively reset it, you can do so within the AWARXE application.

**Note:** This functionality requires that you know your current password and are logged into PMP AWARXE.

To update your password:

1. Click Menu > Password Reset.

The Change Password page is displayed.



- 2. Enter your current password in the Current Password field.
- 3. Enter a new password in the **New Password** field, then re-enter it in the **New Password Confirmation** field. The password guidelines are provided below.

Passwords must contain:

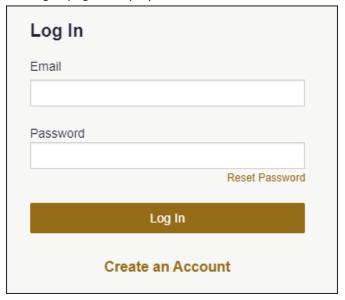
- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character such as !, @, #, \$, etc.
- 4. Click Change.

Your password is updated, and you will use the new password the next time you log in to the system.

### 6.4.2 Resetting a Forgotten Password

1. If you have forgotten your password or your password has expired, navigate to <a href="https://connecticut.pmpaware.net/">https://connecticut.pmpaware.net/</a>.

The Log In page is displayed.



2. Click Reset Password.

The Reset Password page is displayed.



3. Enter the email address associated with your account, then click **Request Password Reset**.

If the email address you provided is valid and registered, you will receive an email containing a link to reset your password. Once you have received the email, click the link.

The Change Password page is displayed.

4. Enter a new password in the **New Password** field, then re-enter it in the **New Password Confirmation** field. The password guidelines are provided below.

### Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) special character such as !, @, #, \$, etc.

You cannot re-use any of your last 12 passwords.

### 5. Click Change.

Your password is updated, and you will use the new password the next time you log in to the system.

### Notes:

- The password reset link is only active for 20 minutes. After the time has expired, you will need to repeat steps 1-3 to generate a new password reset email.
- Per our security protocol, PMP AWARXE will not confirm the existence of an account. If you do not receive an email at the email address provided, follow the steps below:
  - 1. Ensure you entered a valid email address.
  - 2. Check your Junk, Spam, or other filtered folders for the email.
  - 3. If the email address is correct but you have not received the email, contact your PMP Administrator to request a new password or determine what email address is associated with your account.
  - 4. Add the following email addresses and domains to your contacts list, or contact your organization's IT support to have them added as safe senders:
    - (a) no-reply-pmpaware@globalnotifications.com
    - (b) globalnotifications.com
    - (c) amazonses.com

# 7 Assistance and Support

# 7.1 Administrative Assistance

If you have non-technical questions about the CPMRS, such as password help or assistance with navigating the system features, please contact:

Connecticut Prescription Monitoring and Reporting System (CPMRS)

Email: <a href="mailto:dcp.pmp@ct.gov">dcp.pmp@ct.gov</a>
Phone: 860-713-6073

# 7.2 Technical Assistance

If you need additional help with any of the procedures outlined in this guide, you can:

Contact Appriss Health at 1-866-683-3246;
 OR

 Create a support request at the following URL: <a href="https://apprisspmp.zendesk.com/hc/en-us/requests/new.">https://apprisspmp.zendesk.com/hc/en-us/requests/new.</a>

Technical assistance is available Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

# 8 Document Information

# 8.1 Disclaimer

Appriss has made every effort to ensure the accuracy of the information in this document at the time of printing; however, information is subject to change.

# 8.2 Change Log

| Version | Date       | Chapter/Section                        | Change Made   |
|---------|------------|--|---|
| 1.0     | 2017       | N/A                                    | N/A; initial publication  |
| 2.0     | 05/16/2019 | Global                                 | Updated to current document template                                |
|         |            | 3.2.2/Recent<br>Requests               | Updated to reflect RxCheck integration                              |
|         |            | 4.1/Creating a Patient Request         |   |
|         |            | 4.3/Requests History                   |   |
| 2.1     | 09/23/2019 | 4.1/Creating a Patient Request         | Updated to reflect upgrade to NarxCare                              |
|         |            | 4.2/Viewing a<br>NarxCare Report       |   |
|         |            | Appendix A/<br>NarxCare                | Added new appendix with NarxCare information                        |
|         |            | Appendix<br>B/Communications<br>Module | Added new appendix with information about the Communications Module |

# Appendix A: NarxCare

## Introduction to NarxCare

NarxCare is a robust analytics tool and care management platform that helps prescribers and dispensers analyze real-time controlled substance data from prescription drug monitoring programs (PDMPs), which are the system's primary data source.

NarxCare automatically accesses the PDMP data, analyzes it, scores it, and generates an interactive, patient-centered report with visual enhancements that enable providers to quickly comprehend the patient's controlled substance use history.

The NarxCare platform is designed to accommodate additional, non-PDMP data sources such as claims data, registry data, continuity of care documentation, etc. As these data become available, they will be visually incorporated as additional risk indicators and eventually be included in existing and new algorithms.

Every NarxCare report includes type-specific use scores for narcotics, sedatives, and stimulants. These scores are based on a complex algorithm with up to 20 time-weighted measurement points. The scores range from 000 to 999, with higher scores equating to higher numbers of prescribers, MME, pharmacies, and overlapping prescriptions.

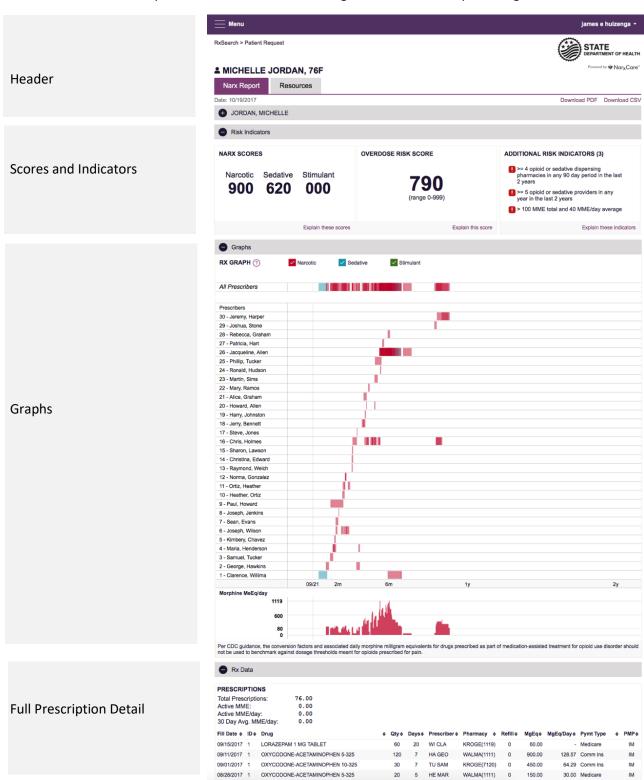
An Overdose Risk Score, developed using advanced data science, is also included. This risk score ranges from 000–999 with higher scores equating to increased risk of unintentional overdose. Currently based on PDMP data, the score will become more holistic in nature as additional data sources are added to the algorithm.

Data visualization is enhanced with an interactive, color-coded graphical display of prescription data that allows for increased detail when desired.

A Resources section provides tools that enable providers to link patients with treatment and easily obtain information documents that may be helpful as reference material or patient handouts.

# **Application Interface Overview**

The NarxCare report interface is a modular design with several collapsible segments.



# NarxCare Report Details

### Report Header

The NarxCare Report page heading contains several report- and account-level controls:

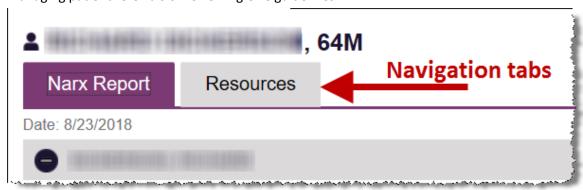
• **Drop-down menu bar:** Clicking **Menu** allows you to navigate to all functional areas of the CPMRS. For NarxCare users, the menu contains additional training links as well as a link to the NarxCare user guide. You can click your username for quick access to account management options such as **My Profile**, **Delegate Management**, and **Password Reset**.



 Patient identifying information: The patient's name, age in years, and gender are displayed above the navigation tabs. Additional patient information, such as date of birth and address, can be found in the first segment of the NarxCare Report.



Navigation tabs: There are two tabs beneath the patient's name labeled Narx Report and Resources. The Narx Report tab is displayed by default. You can click on the Resources tab to display several treatment locators and document resources that may be useful in managing patient referrals or reviewing CDC guidelines.



Report download links: If you need to download a PDF or CSV version of the report, click
the Download PDF or Download CSV links located on the right side of the page below the
state logo.



### Report Body

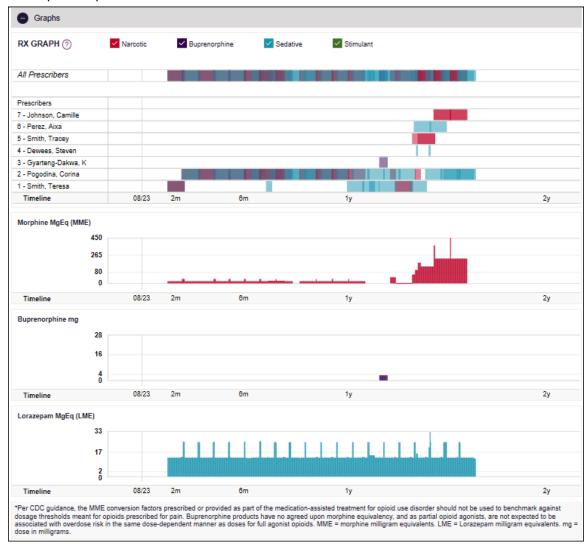
The body of the NarxCare Report contains several functional areas aimed at rapidly raising awareness of risk and prescription use patterns, and when required, individual prescription detail.

- Messages and Care Notes: The Communications Module within the NarxCare system allows
  you to send clinician-to-clinician messages as well as add Care Notes to a patient's record.
  For complete information on the Communications Module, including how to send messages
  and add Care Notes, please refer to Appendix B: Communications Module.
- Scores and additional risk indicators: The NarxCare Report includes a series of type-specific use scores, Narx Scores, Overdose Risk Score, and Additional Risk Indicators, which are located in the Risk Indicators section of the report. These scores and other elements are often automatically returned to the requesting system as discrete data. Requesting systems receiving such data can choose to display the scores within the native electronic health record or pharmacy management system, and many systems choose to display these data in the patient header, face sheet, or alongside patient vital signs.

**Note:** Please refer to the <u>Narx Scores</u>, <u>Overdose Risk Score</u>, and <u>Additional Risk Indicators</u> sections of this document for more information on those scores and indicators.

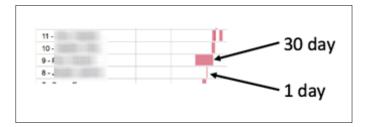


• **Rx Graph:** The Rx Graph, located in the Graphs section of the report, allows you to rapidly see important patterns and levels of use.

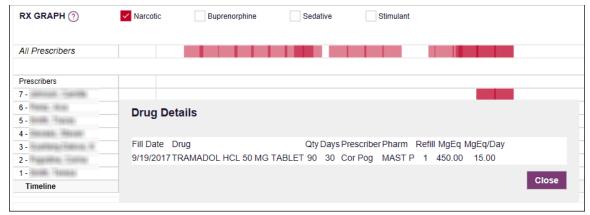


- Prescriptions are color coded and can be selected or deselected at the top of the graph.
  - 3. Narcotics (opioids) = red
  - 4. Buprenorphines = purple
  - 5. Sedatives (benzodiazepines, sleep aids, etc.) = blue
  - 6. Stimulants = green
  - 7. Other = grey
- The Rx Graph is reverse time ordered, meaning that the most recent prescriptions are displayed on the left side of the graph and the oldest are displayed on the right.

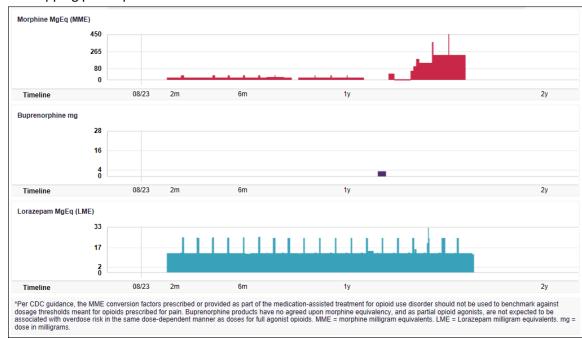
 Each pixel in the graph represents one day; therefore, a 30-day prescription is represented by a rectangle about 1 cm wide and a 1–3-day prescription appears as a narrow vertical bar.



 The Rx Graph is interactive. You can click on a prescription to view information for that prescription, or you can click and drag over multiple prescriptions to view information for the selected prescriptions.

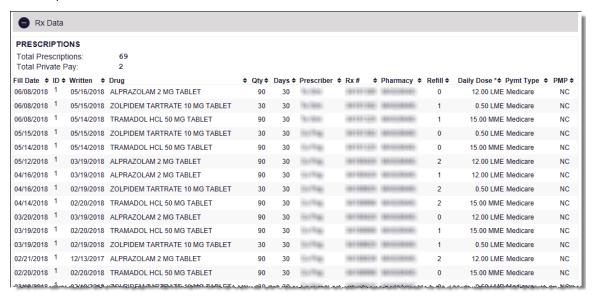


 Daily morphine milligram equivalency (MME), buprenorphine milligrams, and lorazepam milligram equivalency (LME) graphs are also provided for a quick longitudinal view of daily MME, buprenorphine, and LME. Abrupt changes in these factors are often due to overlapping prescriptions.



### **Prescription Detail**

Each prescription dispensed to the patient is presented in the Prescriptions table, which is located in the Rx Data section of the report. If desired, you can use the arrows next to each column header (\$\display\$) to sort the table by that column. You can also hover your cursor over a prescriber or pharmacy to view additional information such as prescriber or pharmacy full name, address, and DEA number.



## Provider and Pharmacy Detail

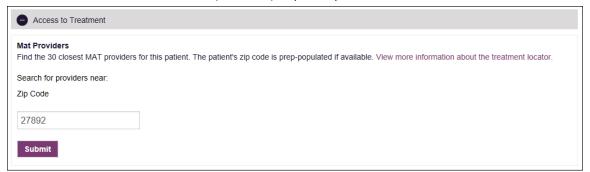
Provider and pharmacy information, including full name, address, and DEA number, is presented in the Providers and Pharmacies tables, located in the Rx Data section of the report.



# Resources Tab

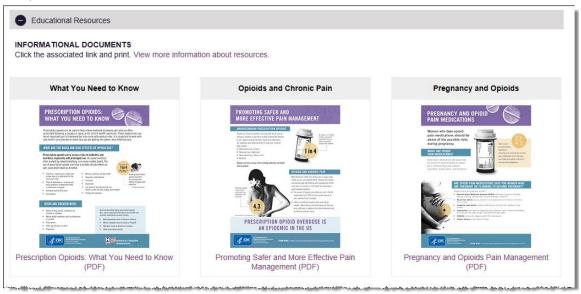
The **Resources** tab provides easy access to treatment locators and CDC documents.

• MAT locator: The MAT locator, located in the Access to Treatment section of the Resources tab, quickly creates a list of the 30 closest providers who are listed in the Substance Abuse and Mental Health Administration (SAMHSA) buprenorphine treatment locator database.



The patient's zip code is pre-populated but can be edited. Click **Submit** to generate a PDF that can be viewed and printed.

• **CDC documents:** The Information Documents section of the **Resources** tab provides a series of CDC documents pertaining to both providers and patients that can be referenced quickly and printed, if desired.



### Narx Scores

The NarxCare application delivers several elements of discrete data and a visually enhanced, interactive PDMP report. Contained on the report, and delivered as discrete data, are three type-specific *use* scores called Narx Scores. These Narx Scores numerically represent the PDMP data for a patient.

Narx Scores are calculated for narcotics (opioids), sedatives, and stimulants and have the following characteristics:

- 1. Each score consists of three digits ranging from 000–999.
- 2. The <u>last digit</u> of each score represents the number of active prescriptions of that type. For example, a Narx Score of 50<u>4</u> indicates the patient should have four active narcotic prescriptions according to dispensation information in the PDMP.
- 3. The scores correspond to the number of literature-based risk factors that exist within the PDMP data. These risk factors include:
  - a. The number of prescribers
  - b. The number of pharmacies
  - c. The amount of medication dispensed (often measured in milligram equivalencies)
  - d. The number of times prescriptions of a similar type overlap from different prescribers
- 4. The time elapsed for any risk factor serves to decrease its contribution to the score. For example, 1000 MME dispensed within the last month will elevate the score *more than* 1000 MME dispensed one year ago.
- 5. The distribution of Narx Scores for patients found in a PDMP is approximated as follows:
  - a. 75% score less than 200
  - b. 5% score more than 500
  - c. 1% score more than 650

The Narx Scores were designed such that:

- 1. Patients who use small amounts of medication with limited provider and pharmacy usage will have **low scores**.
- 2. Patients who use large amounts of medications in accordance with recommended guidelines (single provider, single pharmacy, etc.) will have **mid-range scores**.
- 3. Patients who use large amounts of medications while using many providers and pharmacies, and with frequently overlapping prescriptions, will have **high scores**.

## Narx Score Algorithm

### **Relative Scoring**

Narx Scores represent a *relative scoring* system wherein the risk factors representing use within a PDMP report are counted and then converted to a reference value that ranges from 0–99. These reference values correlate with a percentile measurement of that use within the PDMP population.

A single point measurement of total MME in the last 60 days can be used to illustrate this concept further using the following three patients:

Patient A: 160 MMEPatient B: 4800 MMEPatient C: 1050 MME

If we were to place these three patients on a line of relative risk, we could intuit a linear relationship based on MME, which could be depicted as follows:



This depiction has no boundaries to the left or right so these patients could just as easily be drawn as follows:



The NarxCare algorithm uses a unique strategy to establish boundaries of use by converting all measured variables, such as 60-day MME, to a scaled value between 0 and 99. This was done by evaluating a large PDMP population and measuring the 60-day MME value for every patient. This set of data was then used to create a reference table roughly equating to a percentile in the population. If we add the scaled value to each example patient's 60-day MME we get:

Patient A: 160 MME | 20
 Patient B: 4800 MME | 90
 Patient C: 1050 MME | 65

If we apply these new scaled values to our risk diagram and create a left and right boundary of 0 and 99, we get:



Interestingly, the population-based scaled values indicate that Patient B and C are closer to each other than might otherwise be suspected. In this case, we can also say that Patient B has used more MME in the last 60 days than 90% of the rest of the PDMP population.

### **Time Periods**

The NarxCare algorithm evaluates a PDMP record using four different, overlapping time periods. In each time period, the risk factor being evaluated is tabulated and then converted to a scaled value. An example provider reference table is provided below.

| Prescribers | 2mo Scaled | 6mo Scaled | 1yr Scaled | 2yr Scaled |
|-------------|------------|------------|------------|------------|
| 0           | 0          | 0          | 0          | 0          |
| 1           | 19         | 12         | 8          | 6          |
| 2           | 36         | 22         | 16         | 11         |
| 3           | 51         | 32         | 23         | 16         |
| 4           | 64         | 41         | 30         | 21         |
| 5           | 75         | 49         | 37         | 26         |
| 6           | 85         | 57         | 43         | 30         |
| And so on   |            |            |            |            |

These reference tables exist for all the risk factors being evaluated and cover all four time periods. In general, as the raw value count (i.e., number of prescribers) increases, so does the reference value (up to 99 maximum). As the time period increases, the scaled value decreases. Some examples are provided below.

| Prescriber Count | 2mo Scaled | 6mo Scaled | 1 yr Scaled | 2yr Scaled |
|------------------|------------|------------|-------------|------------|
| 0                | 0          | 0          | 0           | 0          |
| 1                | 19         | 12         | 8           | 6          |
| 2                | 36         | 22         | 16          | 11         |
| 3                | 51         | 32         | 23          | 16         |
| 4                | 64         | 41         | 30          | 21         |
| 5                | 75         | 49         | 37          | 26         |
| 6                | 85         | 57         | 43          | 30         |
| And so on        |            |            |             |            |
|                  |            |            |             |            |

| Pharmacy Count | 2mo Scaled | 6mo Scaled | 1 yr Scaled | 2yr Scaled |
|----------------|------------|------------|-------------|------------|
| 0              | 0          | 0          | 0           | 0          |
| 1              | 25         | 16         | 13          | 10         |
| 2              | 45         | 31         | 25          | 19         |
| 3              | 63         | 44         | 35          | 27         |
| 4              | 78         | 56         | 45          | 35         |
| 5              | 90         | 67         | 54          | 42         |
| 6              | 99         | 76         | 62          | 49         |
| And so on      |            |            |             |            |
|                |            |            |             |            |

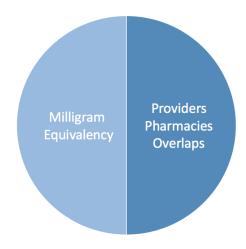
| Pharmacy Count | 2mo Scaled | 6mo Scaled | 1 yr Scaled | 2yr Scaled |
|----------------|------------|------------|-------------|------------|
| 0              | 0          | 0          | 0           | 0          |
| 1              | 25         | 16         | 13          | 10         |
| 2              | 45         | 31         | 25          | 19         |
| 3              | 63         | 44         | 35          | 27         |
| 4              | 78         | 56         | 45          | 35         |
| 5              | 90         | 67         | 54          | 42         |
| 6              | 99         | 76         | 62          | 49         |
| And so on      |            |            |             |            |
|                |            |            |             |            |

| Sedative LME | 2mo Scaled | 6mo Scaled | 1 yr Scaled | 2yr Scaled |
|--------------|------------|------------|-------------|------------|
| 0            | 0          | 0          | 0           | 0          |
| 1-4          | 4          | 6          | 8           | 10         |
| 5 - 9        | 8          | 10         | 13          | 16         |
| 10 - 14      | 10         | 12         | 16          | 19         |
| 15 - 19      | 20         | 20         | 23          | 26         |
| 20 - 24      | 23         | 23         | 26          | 29         |
| 25 - 29      | 24         | 23         | 26          | 30         |
| And so on    |            |            |             |            |
|              |            |            |             |            |

| Overlap Days | 2mo Scaled | 6mo Scaled | 1 yr Scaled | 2yr Scaled |
|--------------|------------|------------|-------------|------------|
| 0            | 0          | 0          | 0           | 0          |
| 1            | 3          | 2          | 1           | 1          |
| 2            | 6          | 4          | 3           | 2          |
| 3            | 9          | 5          | 4           | 3          |
| 4            | 11         | 7          | 6           | 4          |
| 5            | 14         | 9          | 7           | 5          |
| 6            | 16         | 10         | 8           | 6          |
| And so on    |            |            |             |            |
|              |            |            |             |            |

### Weighting

A Narx Score is calculated as a weighted average of the scaled values. A 50% weighting is applied to the milligram equivalencies with the remaining risk factors making up the other 50%.



This type of weighting results in several reliable relationships. If we think of milligram equivalency as *consumption* and the combination of providers, pharmacies, and overlaps collectively as *behaviors*, we can intuit the following score categories.

|           | <b>Consumption</b> | <u>Behaviors</u> | Narx Score |
|-----------|--------------------|------------------|------------|
| Patient A | Low                | Low              | Low        |
| Patient B | Low                | High             | Mid        |
| Patient C | High               | Low              | Mid        |
| Patient D | High               | High             | High       |

It is important to understand that there are several different patterns of use that can result in the same score. It is <u>always</u> necessary to look at the actual PDMP data to determine what use patterns exist that have resulted in the Narx Score presented.

### **Algorithm and Score Computation**

The following steps are involved with calculating a Narx Score:

- 1. Determine the raw values for all time periods for all variables.
- 2. Convert all raw values to scaled values.
- 3. Average the scaled values for each risk factor for all time periods.
- 4. Determine the weighted average.
- 5. Add (concatenate) the number of active prescriptions.

Using a sample patient as an example to illustrate the calculation of a Narcotic Score:

1. Determine the raw values for all time periods for all variables.

|             | 60 days | 6 mos | 1 year | 2 years |
|-------------|---------|-------|--------|---------|
| Prescribers | 6       | 9     | 15     | 15      |
| Pharmacies  | 4       | 4     | 6      | 6       |
| MME         | 1640    | 5408  | 7358   | 7364    |
| LME         | 0       | 0     | 0      | 0       |
| Overlaps    | 17      | 55    | 65     | 65      |

2. Convert all raw values to scaled values.

|                        | 60 days | 6 mos | 1 year | 2 years |
|------------------------|---------|-------|--------|---------|
| Prescribers            | 85      | 76    | 84     | 64      |
| Pharmacies             | 78      | 56    | 62     | 49      |
| Morphine milligram eq  | 74      | 87    | 88     | 87      |
| Lorazepam milligram eq | 0       | 0     | 0      | 0       |
| Overlaps               | 41      | 70    | 64     | 52      |

3. Average the scaled value for each risk factor for all time periods.

|             | 60 days | 6 mos | 1 year | 2 years | Avg |
|-------------|---------|-------|--------|---------|-----|
| Prescribers | 85      | 76    | 84     | 64      | 77  |
| Pharmacies  | 78      | 56    | 62     | 49      | 61  |
| MME         | 74      | 87    | 88     | 87      | 84  |
| LME         | 0       | 0     | 0      | 0       | 0   |
| Overlaps    | 41      | 70    | 64     | 52      | 57  |

4. Calculate the weighted average.

|                          | 60 days | 6 mos | 1 year | 2 years | Avg | Wt |     |
|--------------------------|---------|-------|--------|---------|-----|----|-----|
| Prescribers              | 85      | 76    | 84     | 64      | 77  | 1  | 77  |
| Pharmacies               | 78      | 56    | 62     | 49      | 61  | 1  | 61  |
| MME                      | 74      | 87    | 88     | 87      | 84  | 3  | 252 |
| LME                      | 0       | 0     | 0      | 0       | 0   | 1  | 0   |
| Overlaps                 | 41      | 70    | 64     | 52      | 56  | 2  | 114 |
| Weighted Average (sum/8) |         |       |        |         |     | 63 |     |

### 5. Add (concatenate) the number of active prescriptions

|   | 60 days | 6 mos | 1 year | 2 years     | Avg | Wt |     |
|---|---------|-------|--------|-------------|-----|----|-----|
| Prescribers                             | 85      | 76    | 84     | 64          | 77  | 1  | 77  |
| Pharmacies                              | 78      | 56    | 62     | 49          | 61  | 1  | 61  |
| MME                                     | 74      | 87    | 88     | 87          | 84  | 3  | 252 |
| LME                                     | 0       | 0     | 0      | 0           | 0   | 1  | 0   |
| Overlaps                                | 41      | 70    | 64     | 52          | 56  | 2  | 114 |
| Weighted Average (sum/8)                |         |       |        | 63          |     |    |     |
| Number of Active Narcotic Prescriptions |         |       |        | <u>2</u>    |     |    |     |
| Narcotic Score                          |         |       |        | 63 <u>2</u> |     |    |     |

## **Clinical Application**

### In-Workflow Use

Narx Scores are intended to be automatically delivered into the clinical workflow as discrete data and be easily viewable within a patient's record. Many systems choose to place the scores in the patient header or alongside the patient's vital signs.

Narx Scores are best viewed at the beginning of a patient encounter, and as such, they should be obtained at or near the time a patient is registered.

### **General Considerations**

- The primary purpose of providing Narx Scores is to raise provider awareness of the associated PDMP data available for review.
- Concerning Narx Scores are intended to trigger a discussion, not a decision. If a Narx Score
  raises concern, the recommended course of action is to evaluate the PDMP data, review any
  additional pertinent data, and discuss any concerns with the patient.
- Just as there is no single blood pressure that can be considered *normal* for all people, there is no Narx Score that is *normal*. A Narx Score must be applied to the clinical scenario before evaluating appropriateness. For example, a blood pressure of 120/80 can simultaneously be:
  - Inappropriate for a 2-month-old infant
  - Appropriate for a 20-year-old woman
  - Inappropriate for an elderly patient with an average daily blood pressure of 200/100
- Narx Scores are distributed within the PDMP population as follows:
  - 75% of patients score below 200
  - 5% of patients score above 500
  - 1% of patients score above 650

### **Example Use Cases**

Narx Scores can be used to great effect in certain clinical scenarios. Again, the recommended course of action is to seek additional information and discuss concerns with the patient.

• Case A – A 17-year-old male basketball player with other significant history presents with a severe ankle sprain. His Narx Scores are:

Narcotic Sedative Stimulant 000 000 000

**Important consideration:** If considered for an opioid due to the severity of injury, this may be the patient's first exposure to the effects of an opioid. Recommend thorough review of the risks and benefits with the patient and consideration of an informed consent process.

• Case B – an 81-year-old female presents with decreased level of consciousness following a fall where she suffered a closed head injury. Her Narx Scores are:

Narcotic Sedative Stimulant 341 501 000

**Important Consideration:** Many elderly patients are on chronic opioids and benzodiazepines. The use of opioids and benzodiazepines for this patient may have contributed to her fall. The patient may be taking enough medication to develop anxiety seizures due to benzodiazepine withdrawal, complicating the medical picture.

• Case C – A 36-year-old male patient with mild chronic back pain frequently treated with opioids presents for a medication refill. On review of the PDMP record, the patient has been to 17 different prescribers in the last year. His Narx Scores are:

Narcotic Sedative Stimulant 671 240 000

**Important Consideration:** Many patients obtain medications through multiple different providers. This can be due to the patient being seen in a clinic that is staffed by different providers, or it can be due to *access to care* issues requiring visits to urgent care centers or emergency departments.

### **Score-Based Guidance**

| Score/Range | Notes  | Recommendations  |
|-------------|--|--|
| 000         | This may be the first prescription of this type for the patient.   | Discuss risks/benefits of using a controlled substance. Consider informed consent.   |
| 010–200     | Approximately 75% of scores fall in this range. Occasionally, patients in this score range have a remote history of high usage (> 1 year ago). | Review use patterns for unsafe conditions.  Discuss any concerns with patient. See guidance below.  If previously high usage exists with recent abstinence, consider risk/benefits of new prescriptions. |

| Score/Range | Notes  | Recommendations   |
|-------------|--|---|
| 201–650     | Approximately 24% of scores fall in this range.  | Review use patterns for unsafe conditions. Discuss any concerns with patient. See guidance below.   |
| > 650       | Approximately 1% of scores fall in this range.  Some patient records may have a score in this range and still be within prescriber expectations.  Many patient records include some level of multiple provider episodes, overlapping prescriptions, or elevated milligram equivalency. | Review use patterns for unsafe conditions.  If multiple providers involved in unsafe prescribing, discuss concern with patient and consider contacting other providers directly.  If multiple pharmacies involved in unsafe prescribing, discuss concern with patient and consider pharmacy lock-in program.  If overlapping medications of same or different type, discuss concern with patient and consider taper to lower dose and/or discontinuation of potentiating medications.  If patient has evidence of a substance use disorder, consider inpatient admit or referral for outpatient evaluation and treatment. |

# Overdose Risk Score

The NarxCare application delivers several elements of discrete data and a visually enhanced, interactive PMP report. Contained on the report, and delivered as discrete data, is an Overdose Risk Score (ORS). This score numerically represents the risk of unintentional overdose death.

The ORS has the following characteristics:

- 1. The score is three digits and ranges from 000–999.
- 2. Risk approximately doubles for every 100-point increase in the score.
- 3. Using patients who score 0–199 as a reference group, the odds ratio associated with successive 100-point bins is as follows:

| ORS     | Odds Ratio of Unintentional Overdose Death |
|---------|--|
| 000–199 | 1  |
| 200–299 | 10   |
| 300–399 | 12   |

| ORS     | Odds Ratio of Unintentional Overdose Death |
|---------|--|
| 400–499 | 25   |
| 500–599 | 44   |
| 600–699 | 85   |
| 700–799 | 141  |
| 800–899 | 194  |
| 900–999 | 329  |

## **ORS Algorithm**

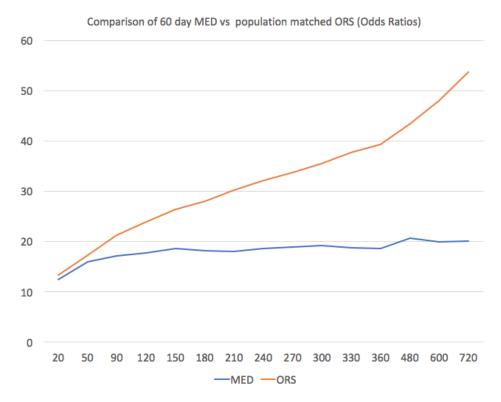
The ORS algorithm was derived using machine learning and other predictive techniques applied to a large case series of over 5,000 unintentional overdose deaths. For the first version of the score, more than 70 PDMP variables were evaluated with 12 chosen for the final model. Subsequent revisions of the model have included evaluation of thousands of variables, and efforts to include non-PDMP data such as criminal justice information, claims data, overdose registry data, etc., are ongoing. A specific characterization of the current variables and coefficients is beyond the scope of this document. In general, the variables that have shown to be predictive of unintentional overdose death include:

- The number of pharmacies visited per unit time
- Maximum morphine milligram equivalency (MME) in the last year
- The number of prescribers in the last two years
- Various slopes of opioid and sedative use
- Various slopes of prescriber usage

This section will be updated when new types of variables are incorporated and/or new sets of data are included.

## **Clinical Application**

The ORS is intended to eventually provide a holistic estimate of overdose risk. At the current time, the risk assessment does not incorporate any data other than PDMP usage. This aligns the clinical application of the score with other sources of overdose risk assessment based on PDMP data such as number of pharmacies visited in the last 90 days or daily morphine equivalent dose (MED). The ORS performs much better than estimates using only one variable. For example, when comparing the utility of average MED in the last 60 days to the ORS, one can easily see that while MED does have a dose response curve, the ORS has markedly higher performance.



The absolute risk of death from unintentional overdose is very low in the population of patients found in a PDMP. Even though the annual unintentional overdose death rate is unacceptably high, measured in the thousands for many states, the number of people using controlled substances in those same states are in the multiple millions. Patients on elevated doses of medication are also prevalent and have a low overall incidence of unintentional overdose death. For example, in evaluating average daily MED over a period of 60 days in one state, the following death rates were found:

| 60-day MED avg | Decedents | Living  | Death Rate |
|----------------|-----------|---------|------------|
| 90 MED         | 1,008     | 162,231 | 0.6%       |
| 150 MED        | 722       | 94,681  | 0.8%       |
| 480 MED        | 144       | 13,693  | 1.0%       |

The results of this analysis equate the CDC-recommended maximum 90 MED for chronic opioid use to an expected death rate of just 0.6%. It isn't until you get to an average MED of 480 that

the death rate reaches 1%, and at that level, there are over 13,000 patients in the PDMP database.

One method of incorporating the ORS into clinical practice is to use a value of 650 as a threshold approximately equivalent to the CDC's recommended maximum of 90 MED. Just as patients who are above 90 MED are often evaluated for dose reduction, patients above a score of 650 may similarly be considered for:

- 1. Substance Use Disorder evaluation and treatment (if appropriate)
- 2. Discontinuation of potentiating drugs (if present)
- 3. Dose reduction
- 4. Provider lock-in
- 5. Pharmacy lock-in
- 6. Consideration of non-opioid therapy

### **Score-Based Guidance**

The ORS can be applied to clinical practice in a manner analogous to daily MED. The CDC opioid prescribing guidelines recommend naloxone be considered at 50 MED and that most patients should be treated at a dose of 90 MED or less. Using an equivalent population methodology, the following ORS ranges can be associated with CDC MED-based guidance.

| Score     | Approximate CDC MED<br>Equivalent | Guidance   |
|-----------|-----------------------------------|--|
| < 010–440 | < 50 MED                          | Consider other sources of risk beyond PDMP data. See below |
| 450–650   | 50 MED (or more)                  | Consider naloxone prescription. See below.                 |

| Score | Approximate CDC MED<br>Equivalent | Guidance  |
|-------|-----------------------------------|---|
| > 650 | 90 MED (or more)                  | Consider naloxone prescription. Review use patterns for unsafe conditions.  If multiple providers involved in unsafe prescribing, discuss concern with patient and consider contacting other providers directly.  If multiple pharmacies involved in unsafe prescribing, discuss concern with patient and consider pharmacy lock-in program.  If overlapping medications of same or different type, discuss concern with patient and consider taper to lower dose and/or discontinuation of potentiating medications.  If patient has evidence of a substance use disorder, consider inpatient admit or referral for outpatient evaluation and treatment. |

## Additional Risk Indicators

The NarxCare application delivers several elements of discrete data and a visually enhanced, interactive PDMP report. Contained in the report, and delivered as discrete data, are a set of Additional Risk Indicators. These indicators may be determined by the state PDMP and are felt to have stand-alone value.

This section is intended to aggregate important information from multiple sources of data. These data sources may include PDMP data, claims data, overdose registry data, continuity of care documents, and criminal justice.

There are currently three PDMP based indicators:

- More than 5 providers in any 365-day period
- More than 4 pharmacies in any 90-day period
- More than 40 MED average and more than 100 MME total at any time in the previous 2
  years

These indicators are based on the following literature:

 Provider red flag: Hall AJ, Logan JE, Toblin RL, et al. Patterns of Abuse Among Unintentional Pharmaceutical Overdose Fatalities. *JAMA*.2008;300(22):2613–2620. doi:10.1001/jama.2008.802.

- **Pharmacy red flag:** Zhou Yang, Barth Wilsey, Michele Bohm, et al. Defining Risk of Prescription Opioid Overdose: Pharmacy Shopping and Overlapping Prescriptions Among Long-Term Opioid Users in Medicaid. The Journal of Pain, Volume 16, Issue 5, 445 453.
- **40 MED red flag:** Leonard Paulozzi, Edwin Kilbourne, Nina Shah, et. al. A History of Being Prescribed Controlled Substances and Risk of Drug Overdose Death. Pain Medicine Jan 2012, 13 (1) 87–95; DOI: 10.1111/j.1526-4637.2011.01260.x.

### Clinical Application

PDMP-based indicators typically corroborate any concerns raised by the Narx Scores and ORS.

When available, additional risk indictors sourced from non-PDMP data sources may represent other dimensions of risk such as past heroin use, substance use disorder, previous overdose, etc.

When non-PDMP indicators become routinely available, they will be modeled into the ORS, and it may then be the case that a patient may have low Narx Scores (due to low use of prescribed controlled substances) BUT have an elevated ORS (due to high risk associated with non-PDMP data.

In all cases, if a provider determines that inappropriate risk exists for a patient, they should seek additional information, discuss the risk concern with the patient, and choose appropriate medical care options that are in the best interest of the patient.

#### **Indicator-Based Guidance**

| Indicator  | Guidance   |
|--|--|
| More than 5 providers in any year (365 days)                 | Review use patterns for unsafe conditions.  If multiple providers involved in unsafe prescribing, discuss concern with patient and consider contacting other providers directly. |
| More than 4 pharmacies in any 90-day period                  | Review use patterns for unsafe conditions.  If multiple pharmacies involved in unsafe prescribing, discuss concern with patient and consider pharmacy lock-in program.           |
| More than 40 MED per day average and more than 100 MME total | Review use patterns for unsafe conditions.  Consider taper to lower dose and/or discontinuation of potentiating medications.   |

| Indicator                   | Guidance  |
|-----------------------------|---|
| If all 3 indicators present | Review use patterns for unsafe conditions.  If multiple providers involved in unsafe prescribing, discuss concern with patient and consider contacting other providers directly.  If multiple pharmacies involved in unsafe prescribing, discuss concern with patient and consider pharmacy lock-in program.  If overlapping medications of same or different type, discuss concern with patient and consider taper to lower dose and/or discontinuation of potentiating medications.  If patient has evidence of a substance use disorder, consider inpatient admit or referral for outpatient |
|                             | evaluation and treatment.   |

# Appendix B: Communications Module

Clinicians need the ability to recognize and call attention to important medical events, such as mitigating or exacerbating factors, on a patient's PMP report. The NarxCare system's Communications Module is designed to meet this need. When this module is enabled, clinician-to-clinician messaging and the ability to add Care Notes to a record are available within the NarxCare Report.

- Clinician-to-clinician messaging allows clinicians to securely communicate and share
  information regarding a patient in their care. This direct messaging feature is available only
  in NarxCare, not in the PMPs themselves, and permits the exchange of information between
  verified PMP users regarding a single patient under the care of multiple clinicians.
- Care Notes is a clinician-only feature that allows specific, clinically relevant notes or events
  to be appended to a patient's PMP record. These notes are visible only on the PMP report
  and to clinicians who have the Communications Module enabled.

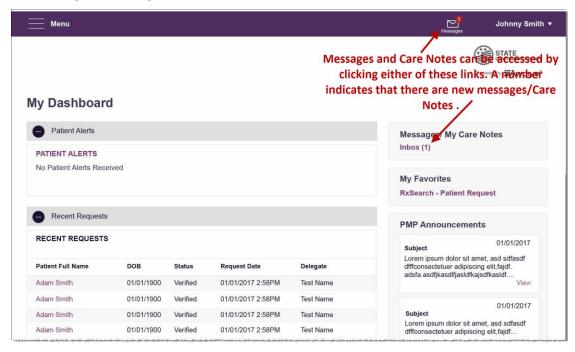
**Note:** To have the Communications Module enabled, clinicians must meet specific requirements such as having a unique personal ID (e.g., DEA number) and not sharing that ID with other clinicians (e.g., within an institutional setting).

This appendix describes how to create and view Care Notes and clinician-to-clinician messages within the NarxCare Report.

## **Accessing Your Inbox**

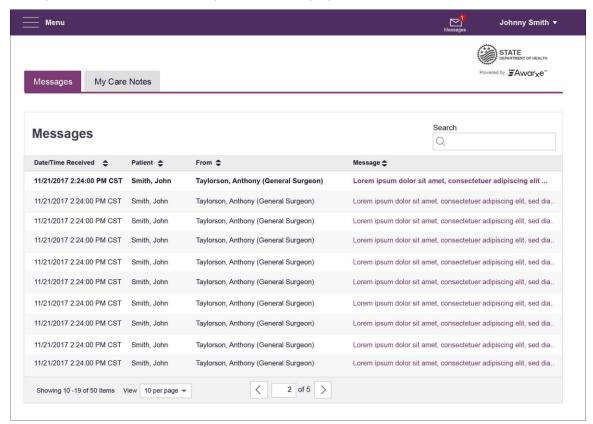
Clinician-to-clinician messages and Care Notes are stored in your inbox, which can be accessed by:

- Clicking Inbox from the Messages/My Care Notes section of your dashboard; or
- Clicking the Messages link on the menu bar.



New messages and/or Care Notes are indicated by a number (i.e., the number of new messages) next to the **Inbox** link in the Messages/My Care Notes section of your dashboard and on the **Messages** link on the menu bar.

Once you have clicked either link, your inbox is displayed.



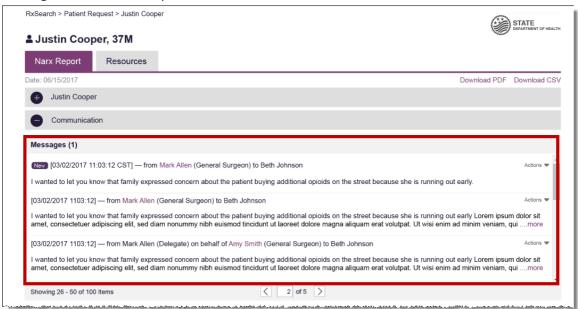
Your inbox contains two tabs: <u>Messages</u> and <u>My Care Notes</u>. The **Messages** tab is displayed by default. Note that both messages and Care Notes are contained within the NarxCare Report; therefore, when viewing messages/Care Notes, you are accessing the NarxCare Report for the patient indicated in the **Patient** column.

You can manage how many messages or Care Notes are displayed at any given time by changing the number in the **View** field at the bottom of the list. You can also use the arrows to navigate through your messages/Care Notes.



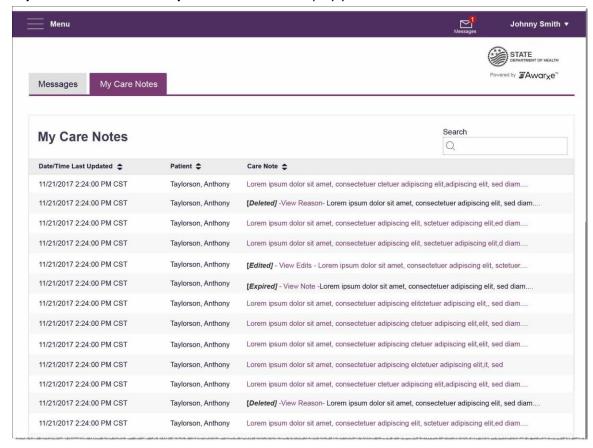
- Messages. The Messages tab displays the date and time the message was received, the
  patient who is the subject of the message, the user who sent the message, and a preview of
  the message text. Messages are displayed in descending time order, with the most current
  messages at the top. New messages are displayed in bold until viewed.
  - Click the link in the **Message** column to view the message.

The NarxCare Report for that patient is displayed, and you are automatically directed to the Messages section of the report.



Refer to <u>Clinician-to-Clinician Messaging</u> for information on responding to messages and creating new messages.

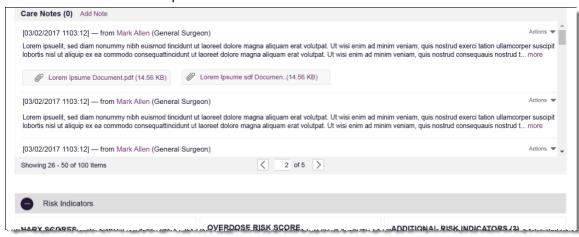
My Care Notes. Click the My Care Notes tab to display your Care Notes.



The **My Care Notes** tab displays the date and time the care note was last updated, the patient who is the subject of the note, and a preview of the note text. Care Notes are displayed in descending order, with the most current notes at the top. New Care Notes are displayed in **bold** until viewed.

Click the link in the **Care Note** column to view the note.

The NarxCare Report for that patient is displayed, and you are automatically directed to the Care Notes section of the report.



Refer to Care Notes for information on adding new Care Notes to a patient record.

## Clinician-to-Clinician Messaging

## Creating a New Message

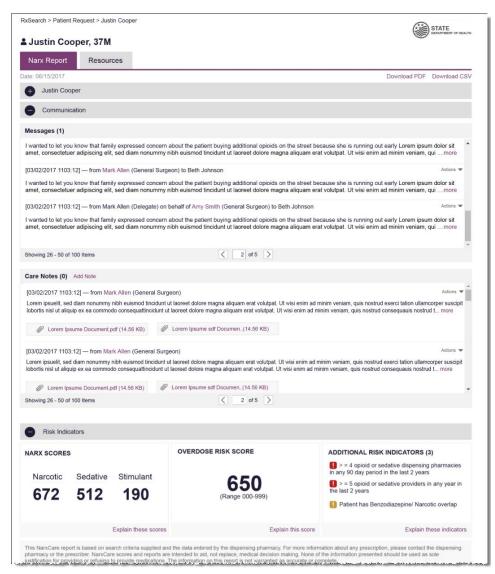
You can send a message regarding a specific patient to another clinician who is also treating that patient from within the NarxCare Report.

**Note:** This function should be used for messages that are not critically time sensitive, as there may be a time lag before the recipient views any sent message. For time sensitive communications, Appriss recommends direct communication with the desired recipient outside of the PMP.

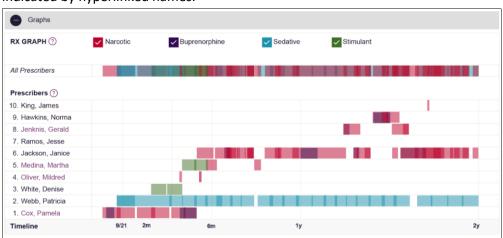
#### To send a new message:

1. Generate a NarxCare Report for the patient using the instructions provided in the Creating a Patient Request section of this document.

The NarxCare Report is displayed as shown on the following page.



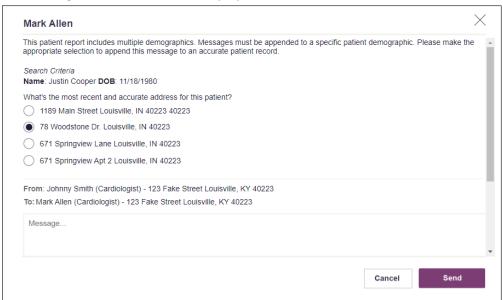
2. Scroll down to the Prescribers section of the Rx Graph. Available prescribers are indicated by hyperlinked names.



3. Click the prescriber's name to send a message regarding the patient.

**Note:** If the prescriber's name is not a hyperlink, that prescriber is not available for messages. Prescribers may be unavailable for messages based on a number of factors, including being located out of state or having an invalid identifier.

The Message Creation window is displayed.



4. If multiple demographics exist for the patient, you must select the most recent and accurate demographic to ensure that your message is attached to the correct patient record.

Note: If multiple demographics do not exist, you can skip this step.

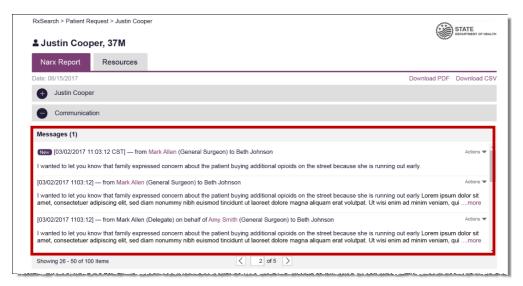
Type your message in the Message field, then click Send.
 The message is sent, and the prescriber will be able to view it the next time they log in to AWARXE.

## Responding to an Existing Message

If a prescriber has sent you a message, it will be available in your inbox. To read and respond to a message:

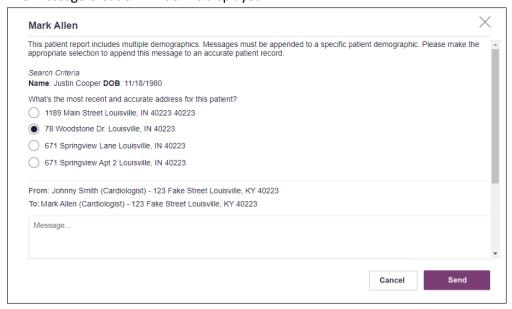
1. Open the message using the instructions provided in the <u>Accessing Your Inbox</u> section of this guide.

The NarxCare Report is generated and displayed, and you are automatically directed to the Messages section of the report.



2. To respond to a message, click the prescriber's name, located in the **From** field of the message heading.

The Message Creation window is displayed.



3. If multiple demographics exist for the patient, you must select the most recent and accurate demographic to ensure that your message is attached to the correct patient record.

**Note:** If multiple demographics do not exist, you can skip this step.

Type your response in the Message field, then click Send.
 The message is sent, and the prescriber will be able to view it the next time they log in to AWARXE.

#### Care Notes

The Care Notes feature allows you to add specific, clinically relevant notes or events to a patient's PMP record (e.g., "the patient has a pain contract") to be viewed by any provider who views the patient's record. You can also edit and/or delete Care Notes that *you* added to the patient's record.

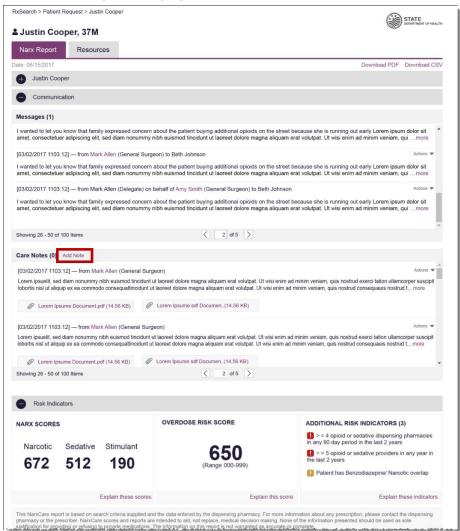
**Note:** This function should be used for messages that are not critically time sensitive, as there may be a time lag before the recipient views any sent message. For time sensitive communications, Appriss recommends direct communication with the desired recipient outside the PMP.

#### Adding a New Care Note

To add a new Care Note to a patient's record:

1. Generate a NarxCare Report for the patient using the instructions provided in the Creating a Patient Request section of this document.

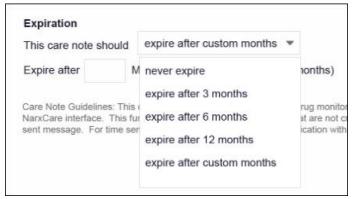
The NarxCare Report is displayed.



Click Add Note in the Care Notes section of the page.The Care Note creation window is displayed.



- 3. Type your note in the **Write a Care Note** field. Note that Care Notes are limited to 1000 characters.
- 4. If you need to attach a document to the Care Note (e.g., care plans, pain contracts, etc.), click Add Attachment and select the file you wish to attach. Note that HTML attachments cannot be accepted for security purposes. In addition, inappropriate content, either in text form or document or photo attachments, should not be posted. If you notice inappropriate use of the Communications Module, you can flag inappropriate content by following the instructions in the <a href="Flagging a Message/Care">Flagging a Message/Care</a> Note as Inappropriate section of this document.
- 5. In the **Expiration** field, use the drop-down menu to select when the Care Note should expire.



You can choose to have the Care Note never expire or to expire after 3 months,
 6 months, 12 months, or a custom number of months.

If you choose the expire after custom months option, you will be prompted to
enter the number of months after which the Care Note should expire. The
maximum allowed is 99 months.



- 6. If you are adding a Care Note to a patient report via an EHR integration, the **Share Note** field will be displayed. Use this field to indicate whether the Care Note should be shared externally with any authorized PMP user or internally with your organization only.
- 7. Click Save.

The Care Note is saved and immediately appended to the patient's record.

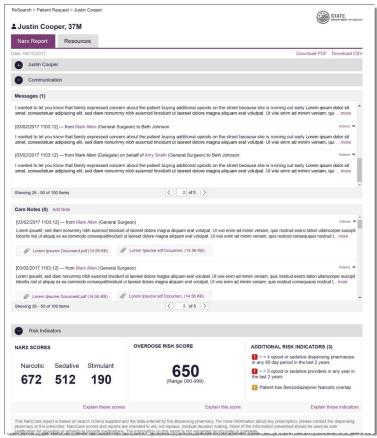
### **Editing a Care Note**

**Note:** You can only edit Care Notes added by you. Your State Administrator may also edit your Care Note, if necessary.

#### To edit your Care Note:

1. Generate a NarxCare Report for the patient using the instructions provided in the Creating a Patient Request section of this document.

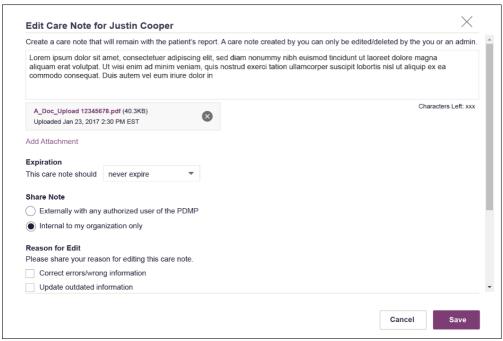
The NarxCare Report is displayed.



- 2. In the Care Notes section of the page, locate the note you wish to edit.
- 3. Click the **Actions** drop-down for the note and select **Edit Note**. Note that this option is only available on notes created by you. You cannot edit Care Notes created by other clinicians.



The Edit Care Note window is displayed.

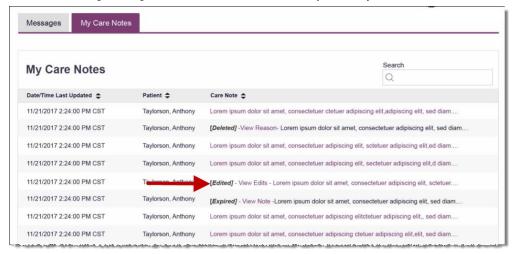


- 4. Edit the Care Note as necessary. You may refer to steps 3-6 of the <u>Adding a New Care Note</u> section of this document for more information about the fields displayed on this window.
- 5. Once you have finished editing the Care Note, select the reason for editing the note in the Reason for Edit field. You may add any additional comments regarding the edit in the Additional Comments field. Note that if you select Other as the reason for your edit, you must complete the Additional Comments field.

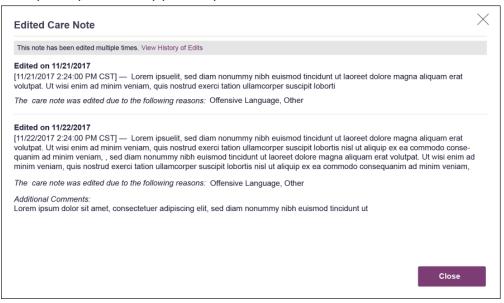


#### 6. Click Save.

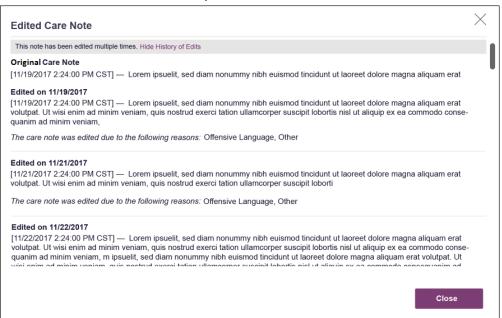
- Your edits are saved, and the Care Note is immediately updated on the patient's record.
- Care Notes that have been edited by you or by the State Administrator are indicated with *[Edited]* next to the Care Note description in your inbox.



You may click **View Edits** to view the Care Note's edit history. Note that the edit history is only viewable by you and your State Administrator.



If the Care Note has been edited multiple times, you can click **View History of Edits** to view the entire edit history.



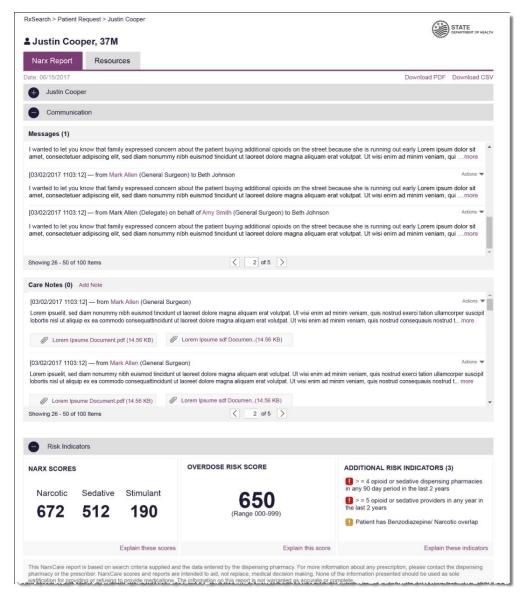
#### Deleting a Care Note

**Note:** You can only delete Care Notes added by you. Your State Administrator may also delete your Care Note, if necessary.

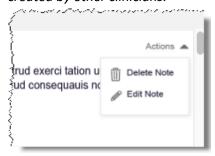
To delete your Care Note:

1. Generate a NarxCare Report for the patient using the instructions provided in the Creating a Patient Request section of this document.

The NarxCare Report is displayed as shown on the following page.



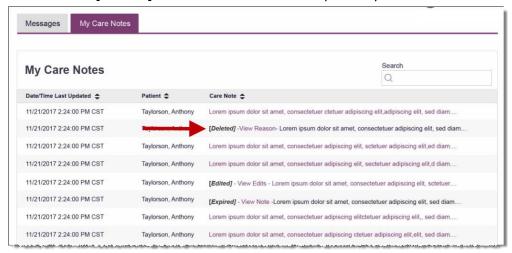
- 2. In the Care Notes section of the page, locate the note you wish to delete.
- 3. Click the **Actions** drop-down for the note and select **Delete Note**. Note that this option is only available on notes created by you. You cannot delete Care Notes created by other clinicians.



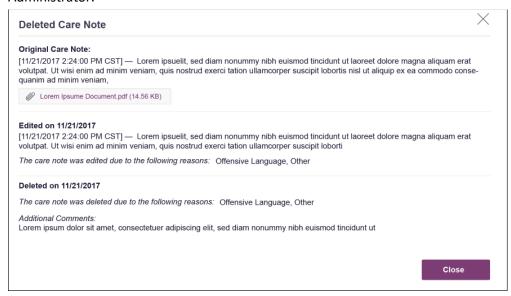
The Delete Care Note window is displayed.



- 4. Select the reason you are deleting the Care Note. You may add any additional comments regarding the deletion in the **Additional Comments** field. *Note that if you select Other as the reason for your deletion, you must complete the Additional Comments field.*
- 5. Click Submit.
  - The Care Note is immediately removed from the patient's record and will no longer be visible to you or any other prescriber.
  - Care Notes that have been deleted by you or by the State Administrator are indicated with *[Deleted]* next to the Care Note description in your inbox.



 You may click View Reason to view the Care Note's edit history and reason for deletion. Note that the edit history is only viewable by you and your State Administrator.



## Flagging a Message/Care Note as Inappropriate

If you have received an inappropriate message and/or Care Note, you can flag it for review by the State Administrator. To flag a message or Care Note for review:

1. From the **Messages** or **Care Notes** section of the NarxCare Report, click the **Actions** drop-down and select **Flag as Inappropriate**.



The Flag as Inappropriate window is displayed.



2. Select the reason you are flagging the message or Care Note as inappropriate. You may add any additional comments regarding your reason in the **Additional Comments** field. *Note* 

that if you select **Other** as the reason for flagging the message or Care Note, you must complete the **Additional Comments** field.

#### 3. Click Submit.

The message or Care Note is flagged and sent to the State Administrator for review.